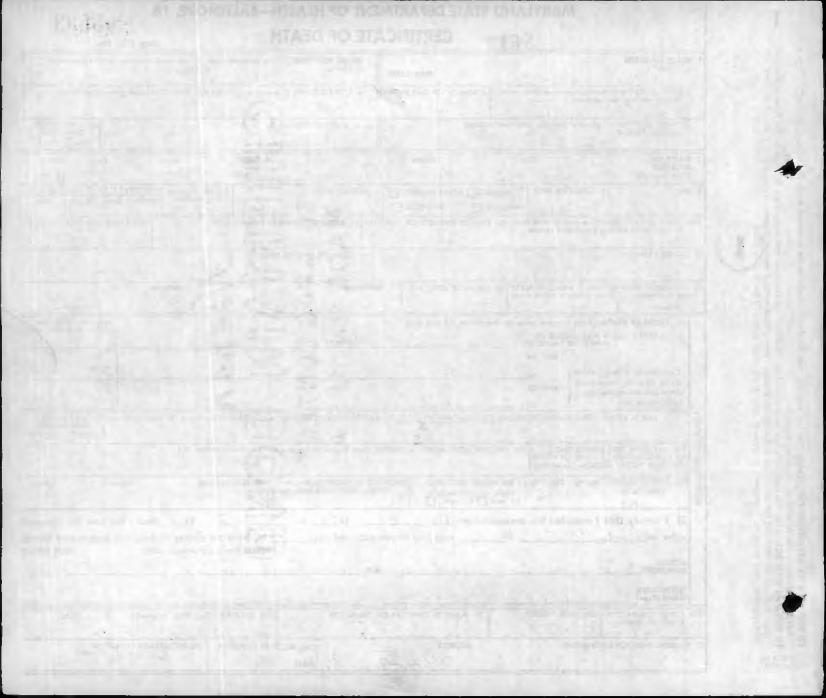
VS A15 (4) 15M 9/55 M

5617 CERTIFICATE OF DEATH

U5593 Reg. Dist. No.

	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before	re admission)						
1	o. COUNTY MARYLAN	o. STATE Mans Care CUNTY CUNTA	11						
Ī	b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN II	c. CITY OR TOWN (If gotside corporate limits, write RURAL and give ne	prest town						
1	RURAL and give nearest fown) all he life	Martinasta							
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e, IS RESIDENCE						
	OR INSTITUTION (2) & MAINTEN	62 Liberty St.	ON A FARM?						
5	name of								
3	3. NAME OF DECEASED (Type or print) FLORENCE HOFF	FHNDERS OF MONTH DO DEATH MAY 3	The second second						
	5. SEX 6. COLOR OR RACE 7. MARRIED PREVER MARRIED		IF UNDER 24 HRS.						
	Female White WIDOWED DIVORCED	Jan 8 1879 last birthdoy) Months Days	Hours Min.						
ľ	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	OF WHAT COUNTRY?						
	Housewise Home	Westmanester 40	1.61.						
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	John M. mitten	many remarketh Hoff	-						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, Ing. or unknown) (If yes, give wor or dates of service)	INFORMANT Address	11						
	V	- himas ander, Kame ad	dress-						
ı	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	INT	ERVAL BETWEEN						
1	PART I. DEATH WAS CAUSED BY:		SET AND DEATH						
П	DUE TO		The state of the s						
1	Total a	0 17 1 2							
1	Conditions, if ony, which gove rise to immediate	al- viscular disease 3	Jeans						
1	cosse (o), stoling the under-	5-	mul me.						
	lying cause lost. ) (c) Sently								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?						
	Tione		YES NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	RRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY IHome, form, 20f. (City or town) (County)	(State)						
	20c. TIME OF INJURY Month, Day, Year Hour o. m. While Not while of work of work	factory, street, office bldg., etc.)	(4.1.2.1.)						
1									
il il	21. I certify that I attended the deceased fram May 1.		aw the deceased						
	alive an Michael Mary 1966, and that dec	oth occurred at 3.30 A.M., from the causes and an the da	te stated above.						
	SIGNATURE C. J. Billing Slea M.D. Wistmington, M.d. 5-3-60								
	PHYSICIAN'S MAME (Type) C. L. Billings/eg								
1	PEMOVAL (Specify) 226. DATE THEREOF 22C. NAME OF CEMETER	OR CREMATORY 22d- LOCATION (City, town, or county)	(Stote)						
	1211111 3/5/60 Wetmin	rela Cunellan Mestrumber	1. mak						
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	RE						
	K. Z. Menon, A. Mest Misse	Elen MAY 5 '60 Chiller S. T	A. Stranger						
15									



VS A15 (4) 15M 9/58

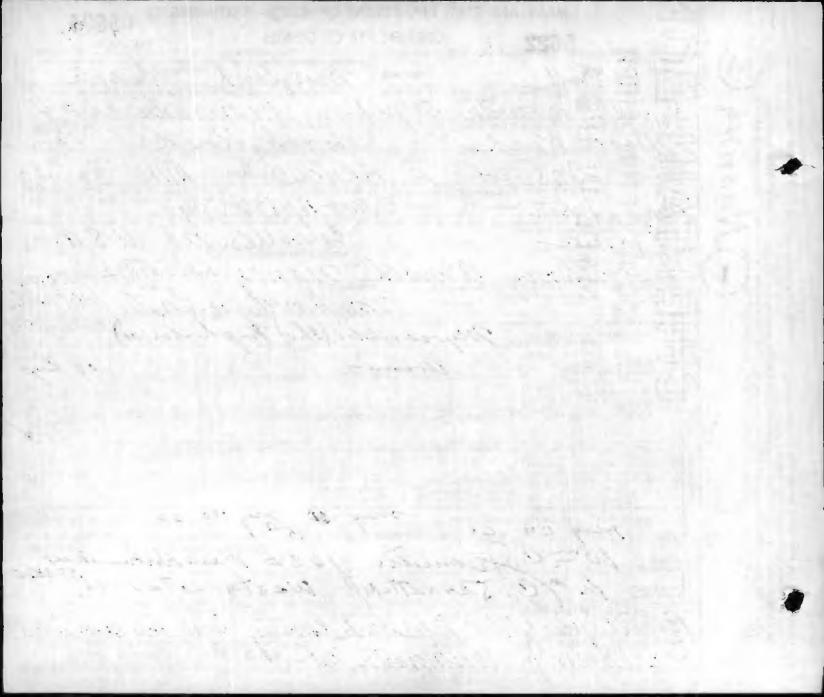
MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

5622 CERTIFICATE OF DEATH

Rea. Dist. No.

05594

-	UUGG	107. 010. 110.
1.	1. PLACE OF DEATH O. COUNTY MARYLAND 2. L	ISUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  STATE  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b REFRAL and give_nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET, ADDRESS  e. IS RESIDENCE ON A FARM? YES NO [
-	FORME PAIN	
3.	3. NAME OF DECEASED (Type or print)  SEPH  Middle  A  A	PNOLD SEATH MAY 30 1960
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA WIDOWED DIVORCED C	TE OF BIRTH  9. AGE (In years lost birthdoy)  O yrs.  1 J J O yrs.  1 J J O years lost birthdoy)  O yrs.  Months Doys Hours Min.
16	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	13. FATMER'S NAME	MOTHER'S MAIDEN NAME
	anthony arnold	nancy Brothers and
15.	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFOR	MANT A Dorothy A. Lester Westmine
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	is (Chr) Rephorles (sc) INTERVAL BETWEEN ONSET AND DEATH
	Hal a DUE TO	1 Ed days
	Conditions, if any, which gave rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO
CERTIF	200 ACCIDENT WAS LINDSPIVING TO 201 DESCRIPE HOW INVITED OCCURRED (Se	ter nature of injury in Port I or Port II of item 18.)
MEDICAL		OF INJURY (Home, form, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that lattended the deceased from and that death according to the second	urred at 5 M from the causes and on the date stated above.
	ACTUAL WE C. James M.D.	103 & Maces Merhande Ref
	PHYSICIAN'S WMC, JENNETTEMY	Westminster nd,
220	220. BURIAL, CREMATION, 226) DATE THEREOF 22c. NAME OF CEMETERY OR CREMETERY OF CEMETERY OR CREMETERY OF CEMETERY OF CREMETERY OF CEMETERY	MATORY JZd. LOCATION (City, town, or county) (5tole)
23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthun 8, Thank



VS A1S (4) 15M 9/S8

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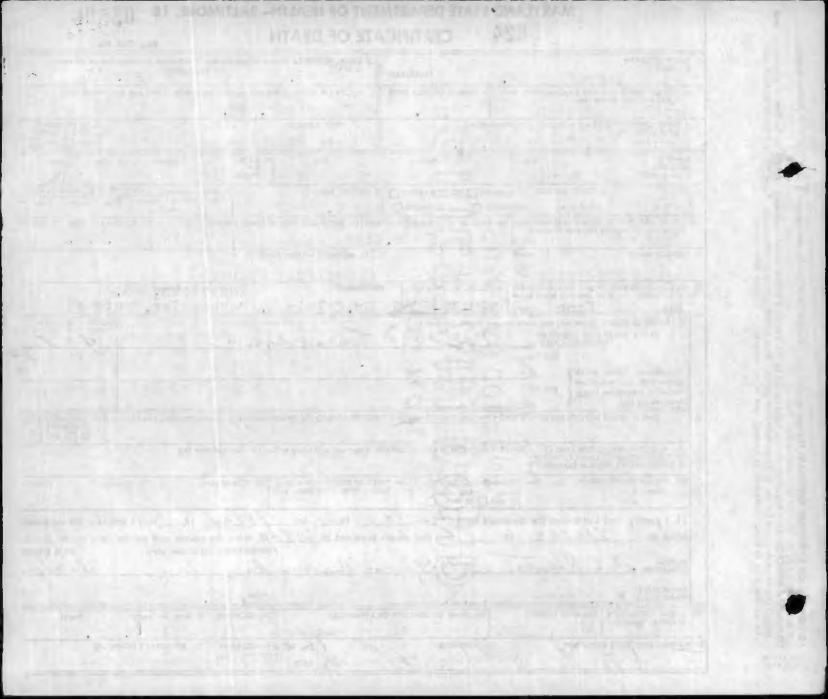
VS A15 (4) 15M 9/55

hours ofter death: Page 4	in by the funeral director, and 2 should be filed with	
death	uneral	
ofter	should sh	
hours	in by	

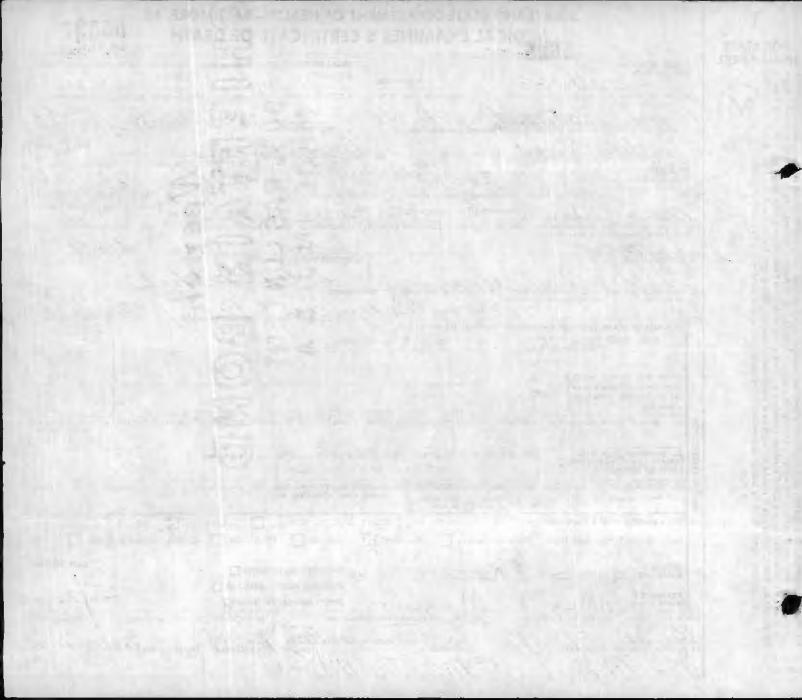
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05596 562

24	CERTIFICATE OF DEATH	
V X	CERTIFICATE OF DEATH	Reg. Dist. N

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY								
Carroll Co. MARYLAND	Md. Garroll								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Rural Tangytown 3 yrs.	X Taneytown, Md.								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?								
Route # L. Tanevtown, Md.	Route #1 Bowers Road YES NO								
3. NAME OF First Middle	Lost 4. DATE Month Day Year								
DECEASED (Type or print)  August  Be	erkemeier Death May 8, 1960								
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Male White WIDOWED DIVORCED	lay 1. 1882   lost birthdoy] Months Days Hours Min.								
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
during most of working life, even if retired   Clerk Baltio. C	City Baltimore, Maryland U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
August berkemeier	Margaret Seibert								
	FORMANT Tancy to Address Md.								
None 220-36-5060	Mr. Calvin C. Berkemeier. Route #1								
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Thrombusis 49 do								
DUE TO									
Conditions, if ony, which )									
gove rise to immediate									
cose (o), stoting the under-									
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
TAN THE PROPERTY OF THE PROPER	PERFORMED? YES NO N								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  20d. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO COURRED  OR CONTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of item 18.)								
	CE OF INJURY IHome, form, 20f. [City or lown] (County) (State)								
Hour a. m.  White Not while fool	tory, street, office bldg., etc.)								
alive an 5/4/40 19 and that death	accurred at 645 AM, from the causes and an the date stated above.								
direction of the contract of t	ADDRESS (Street, city or town, stote)  DATE SIGNED								
SIGNATURE M. E. Robertson M.D.	no. New windson, ml 5/8/60								
PHYSICIAN'S NAME (Type) M. E. Rohantson, M. D.	Her Windsor, Md.								
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	C CREMATORY 22d. LOCATION (City, town, or county) (State)								
REMOVAL (Specify) Nav 11.1960 Druid Bids	re Cemetery Pikesville 8. Md.								
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
Frank It. New Wife Berill	DATE MAY 11 '60 Carthur S. Known								
the state of the s	4.4.4.4.38								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) e. COUNTY Health, MARYLAND files b. CITY OR TOWN (Il outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) y age for d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address ined to Boor d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month Yeor DECEASED (Type or print) DEATH 19 5. SEX 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED [ DIVORCED NO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page during most of working life, even if retired) male MATHER'S NAME 13. 14. MOTHER'S form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Frac. skull - Crushing injury to chest IMMEDIATE CAUSE (0) Office OUE TO Conditions, if any, which, gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19, WAS AUTOPSY ъ PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Farm tractor upset on him 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 120f. (City or town) (County) (Stole) factory, street, office bldg., etc.) 06 O of work K of work The Westminster Carroll Md ta the Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspection N and in my forwarded to DIRECTOR: opinion death resulted from: Natural causes ... Accident M. Suicide | |. Homicide | Undetermined monner DATE SIGNED its designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL C ASSISTANT MEDICAL EXAMINER SYAMINE DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OF CREMITTORY (Stote) 0 ADDRESS SUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR VS. ALSME arthur S. Krait DATE MAY BM 2/57



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

OFFOR

		5626		CI	ERTIFICA	TE OF DEAT	Н			UJJ	30	
-	PLACE OF DEATH G. COUNTY	Carroll			MARYLAND	2. USUAL RESIDENCE	*	sed lived of in b. COU		sidence be	fore admis	sion)
7	b CiTY OR TOWN (III RURAL and give ne He	fautside corporate (im) arest town) nryton	s write	1 -	OF STAY IN 16	c CITY OR TOWN	if outside cor	porote I mils, w	rite RURAL «	and give :	nearest low	n)
_		AL (If not in hospital, g		oddress)		d. STREET ADDRESS	5					SIDENCE FARM?
_		Henryt	on S	tate	Hospita	4 653	W. Fre	ınklin	Stree	t	YES	NO
3,	NAME OF DECEASED (Type or print)	Brov	nie		Middle	Cole	4. DATE OF DEAT	н	Month May		Day 17	Year 1960
5	Male Male	6. COLOR OR RACE	7 MARRI		ER MARRIED [	8. DATE OF SIRTH  November 2	. 1902	9 AGE (In ) lost birtho	loy) Moni		AR IF UND	ER 24 HRS Min
10	O USUAL OCCUPATION		lone 10b			ISTRY 11. BIRTHPLACE (SE				. CITIZEN	OF WHAT	OUNTRY
	None	ing the, even it remed				Athens	Georg	jia		U. S	. A.	
13	Harr Harr	ison Cole				Ophele	a Cole					
	(es. no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se	envice)	SOCIAL SEC		NFORMANT Brownie Col	a De	tiont	Address			-
_		TH [Enter anly one co				prownie oor	E - 16	reme_		10	ITERVAL BI	TWEEN
NOLLA	Conditions, if or gave rise to it couse (o), storing lying couse lost.  PART II OTH	the under-	Far	adva		rhage  lateral cav					PERFO	AUTOPSY PRMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Manth, Doy, Yea	While of work	NJURY OCCL Nat wit at worl	n e fo	ACE OF INJURY (Home, f octory, street, office bidg,	orm, 20f. (C	ity or town)		(Coun	'y)	(Stote)
	21 I certify that saw the decease 220. SIGNATURE	/	27,	19,6	O, and that	April 8,		May 2			te stated	
	22c. PHYSICIAN'S NAME (Type)	Edgars M.				M.D. PHYS.	MED, DIRECTOR \$	STAFF PHYS.	)			SIGNED
23	TEMOVAL (Spec fy)	N 236 DAYE THEREO	f !	23c NAME	OF CRMETERY	OR CREMATIONY	23d LOC	ATION (City, Id	wn, or cau	nty)	(Sto	te)
24	FUNERAL DIRECTORY	S S GNATURE	4	ADDRE	ss .	8	EC'D BY REG		REGISTRAR'	S SIGNA		

TO HOST I. OB ATTENBING PHYSICIAN: The law requires that the dmath mentificate bill meccuted within 21 yours after death. Page 4 may be writed by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



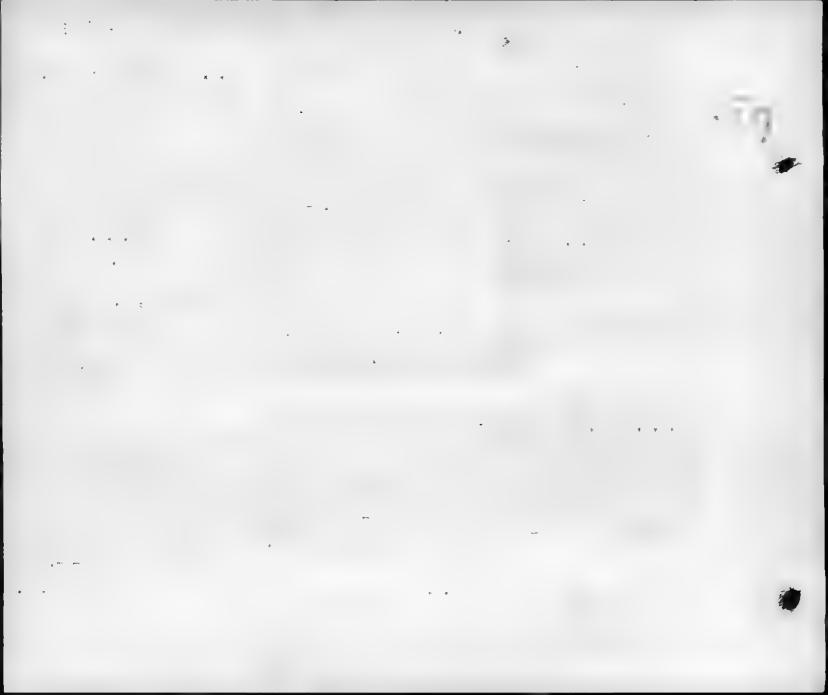
CERTIFICATE OF DEATH

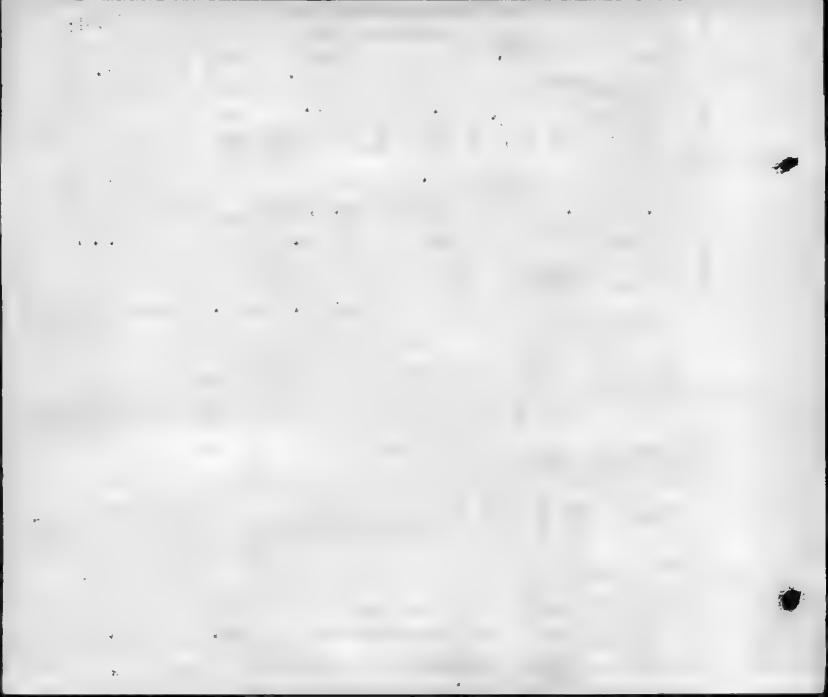
05599

	202	1	CERTIFICATE OF DEATH					
1	o. COUNTY CARPOLL		MATTAN	2. USUAL RESIDENCE	Where deceased in ngton D.	COUNTY	Residence I	per co.15
	b. CITY OR TOWN (If outside corporate limits, RURAs and give peacest town)  Sykesville	write c.	LENGTH OF STAY IN 16	E. CITY OR TOWN (	. /	e limits, write RUR	AL and give	nearest towh)
	d NAME OF HOSPITAL (If not in hospitol, giver INSTITUTION Springfield State			d. STREET ADDRESS 6214 Vorl				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print)	)	Middle <b>Edwin</b>	Coulter	4. DATE OF DEATH	Month 5		Bay Year 19 60
5	Man Taranta and Ta	· MARRIED	NEVER MARRIED  DIVORCED	B. DATE OF BIRTH / Feb. 7-187		The state of the s	Months Da	EAR IF UNDER 24 HRS 1ys Hours Min.
l_	Oo USUAL OCCUPATION (Give kind of work do during most of working life, even if refired)  Pennsylvania R.R. employ		D OF BUSINESS OR INDU	Pennsylva	ote or foreign cour nia	try)	U.S.	NOF WHAT COUNTRY?
13	3. FATHER'S NAME  John Coulter			14. MOTHER'S MAIDE	n name <b>Jnknown</b> 4	VENIA	BRY	IAN
	S. WAS DECEASED EVER IN U. S. ARMED FORCI Yes. no, or unknown) (If yes, give wor or dates of serv			nformant lospital re	cords S	Addres yke <b>svill</b>		
NOTA	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost (c).  Part II. OTHER SIGNIFICANT CONDITIONS  C.B.S. assoc. with son	TIONS CON		T NOT RELATED TO THE TE			IN PART 1	years  (o) 19. WAS AUTOPSY PERFORMED? YES \( \text{NOX} \)
NOCTA CIBITATION IN TRANSPORTER		20d. INJUI While		ED. (Enter noture of injury  ACE OF INJURY (Home, fictory, street, office bldg.,	arm, 20f. (City or		(Cou	
4	21 I certify that (I) (this haspital) saw the deceased alive an 5= 220 S GNATURE  22c PHYSICIAN'S	attended 8 -	the deceased from.	death accurred at2	MED DIRECTOR	STAFF PHYS.	an the d	, that (1) (we) last late stated above. 22b. DATE 5=8-1960 kesville, Md
	30. BURIAL, CREMATION, 236-DATE THEREOF REMOVAL (Specify) NIAU-11-19 FUNERA, DIRECTORS DEPARTURE)		BOO NSBORO	CEMETERY	23d LOCATIO	-	95H1 (	(Stote)
2	John (1. 16) ast	B		(VII)	ANY 1 1 '60		-1 S. K	

TO HOSP IL BY ATTENDED PLYSICIAN: The law maying that the Math certificate be elecuted within 24 hours after death. Page 4 may the may the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9759





05601

INTERVAL BETWEEN

Reg. Dist, No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) St. Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES INDIC Day Year 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Dovs 12. CITIZEN OF WHAT COUNTRY? U. S. A.

ONSET AND DEATH Genito-Urinary tract infection following

PERFORMED? YES NO |

(County) (Stole)

...that I last saw the deceased

and that death accurred at 6:55A-M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 5-7-60

22d LOCATION/(City, town, or county) (Stote)

FUNERAL PRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR MON DATE MAY

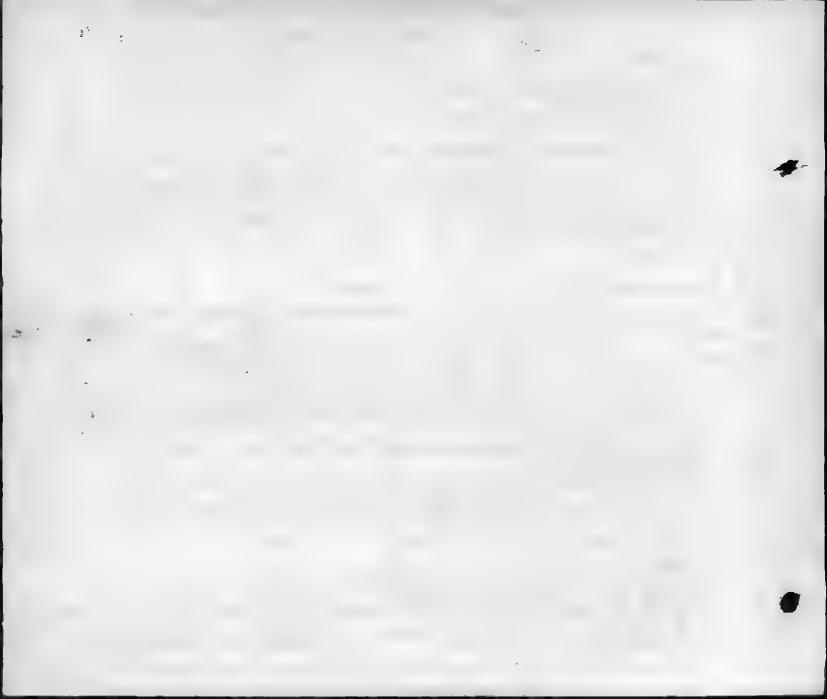
VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05603 CERTIFICATE OF DEATH 5631 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b** COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If setside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION YES PO NO NAME OF First Middle 4. DATE Year Last Month Day DECEASED (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [7] DIVORCED [7] YES 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY XX. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **≡**qrboπ 13/FATHER'S NAME MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (III yes, give wor or dates of service) ottending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 6 kew or hupi á Suo Suo Conditions, if ony which gned gove rise to immediate Pe. DUE TO cottse (a), stating the underansi) lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY [Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work Miles 74, 1960, that I last saw the deceased 21. I certify that I attended the deceased from detoched and that death accurred at 6:40 Ax, from the causes and an the date stated above. DIRECTOR: ODRESS (Street, city of Jown, state) ACTUAL SIGNATURE 70 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b, DATE, THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page EMOVAL (Specify) 0 PONERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY KEGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kines **YS A1S (4)** 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

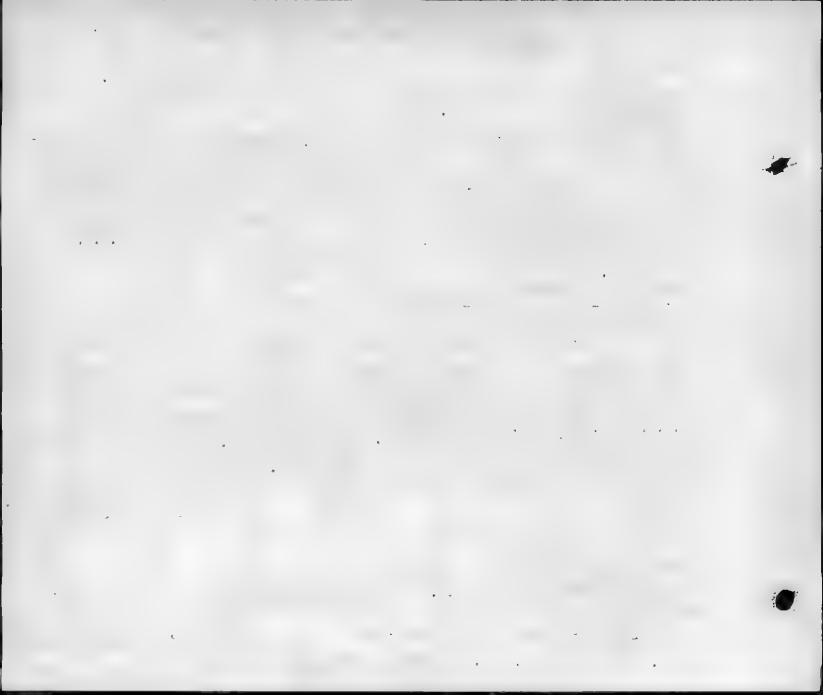


VS. A15ME(S) SM 9/55

		7	1
please exe-	should be		cremation,
elay is necessary.	director. Page	files.	ror prior to burial,
If ony d	the funer	d for y	the regi፯n
auld be executed within 24 haurs after death. If any delay is necessary, please exe-	pencil in Item 18. Givi Nages 1, 2, and 3 to the funeral director. Page 4 should be	Ilang with farm PM3. Page 5 may be retained far y	al-transit permit. File pages I and 2 with the registrar priar to burial, cremation
executed within 2.	Item 18. Give 5	h farm PM3. Pag	msit permit. File
ould be t	pencil in	lang wit	burial-tra

MARYLAND STATE DEPARTMENT	OF HEALTH-B	ALTIMORE, 1	
MEDICAL EXAMINER'S C	ERTIFICATE O	F DEATH	05604
2030			Reg. Dist. No.

1. PLACE OF DEATH	arroll		MARYLA	O STATE	SIDENCE (V		sed lived. If instit b, COUNT		nce before ad	/
b. CITY OR TOWN (III and give repress town)  Syke svill	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 7mos. 3days		r town (IF		porate limits, write	RURAL and	give nearest (	iamu)
	l OR INSTITUTION (III  1d State H		ital, give street address)	d. STREET		nter S	Street		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Calv		Middle Frankston	Lo Ear	**	4. DATE OF DEATH	May	h	25 <b>,</b>	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. MARRIES	NEVER MARRIED	8. DATE OF BIRT		85	9 AGE (In years lost birthday) 75 yrs.		TYEAR IF UN Days Hours	
	N (Give kind of work of life, even if refired)  Ty enginee	one 10b, Ki	ND OF BUSINESS OR IN	Te	nness	86	country)		J.S.A.	TCOUNTRY?
13. FATHER'S NAME Thomas J	. Earp			14. MOTHER'S	anda I					
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR off yes, give war or dates of s	privated.	OCIAL SECURITY NO. 1	7. INFORMANT Springf	ield	Hospi	Address tal Recor			
Conditions, if or gove rise to immed (o), stating the u	ate couse	Ar	teriosclero neralized an nte & chroni	rterioscle	rosis		raneous		Year:	E-
Couse last.  PART II. OTH  C. B. S. assoc  brain dis  20c. EXTERNAL CAU  PRIMARY I OF CON  CAUSE OF DEATH.  20c. TIME OF INJUR  Hour  J1200 APRO-	SE WAS TRIBUTING	psycho b. describe Found 20d. IN	Not while	D. (Enter nature of a	chopne njury in Part le bed (Home, Form	umoni I or Port II	of item 18 ) y or town)	{Cou	1(o) 19. WAS PERF	AUTOPSY ORMED? NO [
21. I certify th	5/20/ 196 at I took chorge from: Natural o	of the re	emoins described and Accident ,		Autops	<b>X</b> , 1	rroll Counspection K. ndetermined o	Inquir		
ACTUAL SIGNATURE	James	. 1	Than	CHIEF.	MEDICAL EX	AMINER [	1		DATE	SIGNED
EXAMINER'S NAME (Type)	James T.		n, M.D.		MEDICAL S				May 2	25, 196
229. BURIAL CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	5-27-60		Loudon ADDRESS 1900 Euta	Park	24o. REC'I	Ba	TION (City, town, 1timore, 160 24b. REGI	Maryl		



	5.633	CERTIFICA	IE OF DEATH		00000				
1 PLACE OF DEAT a. COUNTY		MARYLAND	o. STATE	nere deceased lived. If institution b. COUNTY	i,				
b. CITY OR TOW	Carroll /N (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN (IF of	putside corporate limits, write RU	ZOMETY (FINAL and give nearest town)				
	ve neorest town) vkesville	2y. 4mos.27dy.	Wheaton -	Gas G	1 100 13 . 1				
d NAME OF HO	OSPITAL (If not in haspital, give stree ON	t oddress)	d. STREET ADDRESS	*	e. IS RESIDENC				
Springf	Tield State Hospi	tal	12512Bushey	7 Drive	YES NO				
NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Mont					
S SEX	6 COLOR OR RACE 7. MAG	Franklin RIED NEVER MARRIED []	B. DATE OF BIRTH	May	23 19 6				
		The state of the s		lost birthdoy)	Months Doys Hours Mil				
Male  Usual Occur	White WIDOW ATION (Give kind of work done 10b	(3)	5-11-91 TRY 11 BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNT				
during most of	working life, even if retired)								
INCUSTITY  13. FATHER'S NAME	Consultant		14 MOTHER'S MA.DEN	New York	U.S.A.				
				3					
e was prepare	George Fancey		Margai	ret Skelton					
IS. WAS DECEASED (Yes no or unknown)	Mr		FORMANT	Addre	ėss				
No.		106-03-4099 s	pringfield He	ospital Records	, Sykesville, M				
18. CAUSE OF	DEATH (Enter only one cause per I	ine far (a), (b), and (c).]			INTERVAL BETWEE				
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) A	cute myocardial	infarction		2 days				
4 3 7	DUE TO	AND IN OVER A TOP	211202 00201						
Candita	U al		3		Variation				
	o immediate	oronary arterio	scierosis		Years				
	ting the under-								
lying couse I									
V )	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOP PERFORMED?				
Chroni	c Brain Syldsome	assoc, with cer	rebral arteri	osclerosis-psyc	chotic YES 🚺 NO				
200. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING [ 20b DE TING [ CAUSE OF DEATH TIFY MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Port II of item 18 )					
ZOc TIME OF IN	JURY Month, Doy, Year 20d	INJURY OCCURRED   20e PLA	CE OF INJURY (Home, farm	1, 20f (City or town)	(County) (Sto				
Hour o.	10		tory, street, office bldg., etc	-)					
	p. m.								
21 1 certify	that (I) (this haspital) atten	ded the deceased from $oldsymbol{oldsymbol{\perp}}$	2-26-57 19	57, 105-23-	, 19 <u>_60</u> , that (l) (we) l				
saw the dec	ceased alive an May 23	19.60 , and that de	eath accurred at 43	5M, from the causes and	d on the date stated aba				
22o. SIGNATUI	anistris del	Carles .	ATTENDING M	ED STAFF RECTOR PHYS X	22b. DATE SIGN May 24. 196				
22c. PHYSIC AN	visit	1	22d. ADDRESS	KECTOK EL THIS IN	11dy 24, 170				
NAME (Ty)	Agustin del Ca	mno		State Hognite	l, Sykesville, M				
Da Billia Coen	ATION, 236 DATE THEREOF								
remave		Forest Hil		Utica. New					
24 FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	250. REC'		TRAR'S SIGNATURE				
The S.H	Hines Co. 290	1 14th St. N	• W • DATE	MAY 25'60 C	William S. Kraus				
	Was	shindton. D. U.	DAIL						

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 by the attending physicion and completely filled it. Then pimms remays carbon papers. Pages 72 haurs after death. ¥ ¥ 3 may the fined by the haspital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the burial transit permit. Then pieces the State Bognd of Health prior to burial, cremation, or remaval, and in any TO FUNE

the funeral director, should be filed with

20

Prours after death Page 4

VR A1S (4) 1SM 9/59

2/1/10-

**ADDRESS** 

Reg. Dist. No.

Months

05606

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET, AND DEATH

> PERFORMED? YES TO NO TA

> > (Stote)

(State)

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

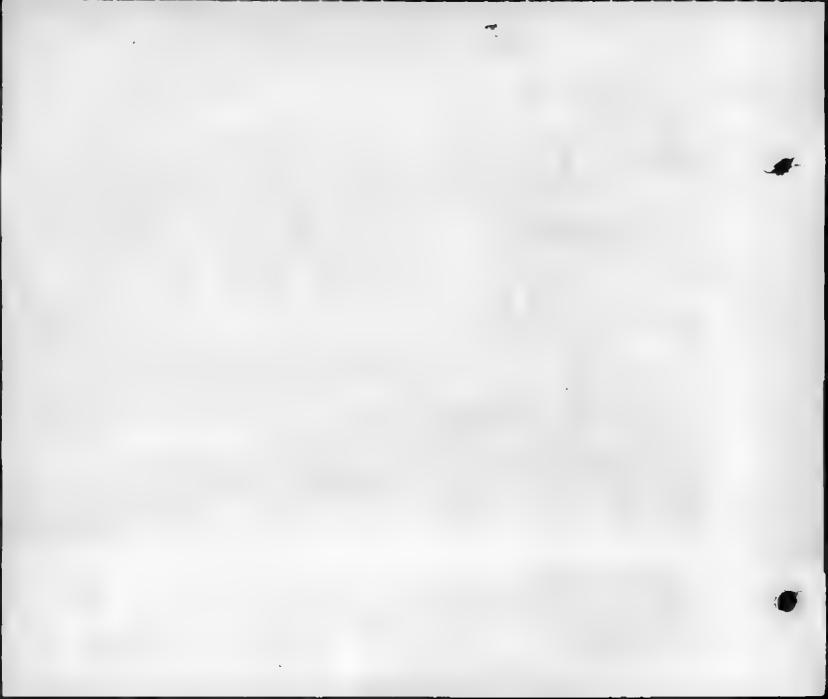
YES NO Z

Year

1960

0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

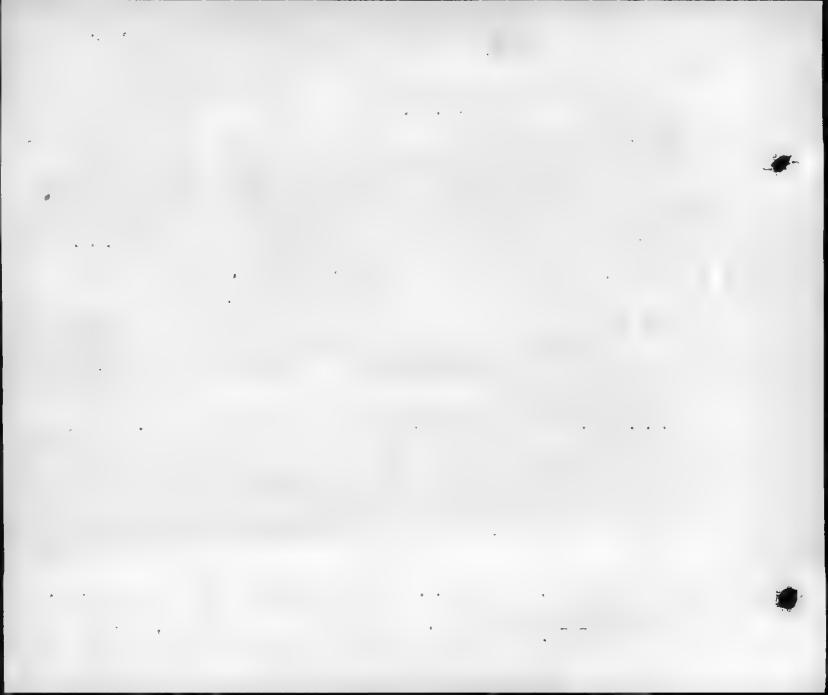


VR A1S (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND SS35 CERTIFICATE OF DEATH

05607

1			C. C. C.										
/	1. PLACE OF DEATH a. COUNTY	Carroll			MARYLAND	- 11	D. STATE Mary	Where decease	d lived. If institution b COUNTY	-	e before o ederi	- /	
	b CITY OR TOWN (	If outside corporate limi	its, write	c. LENGTH	OF STAY IN 1	,	c. CITY OR TOWN (H	f outside corpo	prote limits, write R	URAL and gi	ve neurest	town)	
	RURAL ond give in Sykesvill	,		2vr	s.lmo.23	day	s Thurm	ont		1	X	3	
4	d NAME OF HOSPIT	TAL (If not in hospital, g	give street o	-			d STREET ADDRESS					S RESIDENCE	
	OR INSTITUTION	ld State He					None					ON A FARM? ES II NO II	
				4 46	112.44			Ta Dave					
	3 NAME OF DECEASED (Type or print)	Ros	sa El	llen	Albaugh		ogle	4. DATE DEATH			31,	1960	
	s sex Female	6. COLOR OR RACE White	7. MARRI WIDOWEI		/ER MARRIED [		April 10,	1876	9 AGE (In years lost birthdoy) 84 yrs			UNDER 24 HRS	
	10a USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. I	CIND OF B	USINESS OR INI	DUSTRY	11. BIRTHPLACE (Sto	te or fareign c	country)	12 CITIZ	EN OF WI	HAT COUNTRY?	
	Housewif	_	, 0	wn .	Home		Marvla	nd		1	U.S.A		
	13. FATHER'S NAME					14	. MOTHER'S MAIDEN						
1	George W	. Albangh				-	Sarah A	Thangh	(Valent	ine	)		
J	IS. WAS DECEASED EVE	George W. Albaugh Sarah Albaugh (Valentine was deceased eyer in u. s. armed Forces? 16, social security No. 17, INFORMANT Address									/		
	(Yes, no, or unknown) No	( f yes, give wor or dates of s	arvice)	None	-	Spr	ingfield H	ospita	1 Records				
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										AL BETWEEN AND DEATH	
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Rheumatic heart disease											
	/1/1	/ L / L / A DUE TO											
	Conditions, if o	Conditions, if ony, which ) (b) Nephrosclerosis									Years		
		gove rise to immediate											
	lying couse lost.	coose (a), storing the under-											
	C.B.S. as	HER SIGNIFICANT CON	erebra	ontributi al ar	NG TO DEATH P	ero	RELATED TO THE TER	M.NALD SEAS	ic reacti	EN IN PART	1(o) 19 Y	WAS AUTOPSY PERFORMED?	
B S S S S S S S S S S S S S S S S S S S	200 ACCIDENT WA	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW	INJURY OCCUR	RED (E	nter noture of injury i	in Pert tor Por	rt II of item 18 )				
	ZOC TIME OF INJUST Hour o.m.	RY Month, Doy, Ye		IJURY OCC			OF INJURY (Home, fo, street, office bldg., e		y or town)	(Co	ounty)	(Stote)	
		ot (I) (this haspital	) attende y 30,	ed the d	eceased fran	n Ap						(I) (we) last	
	220. SIGNATURE									a an me	date 21	22b DATE	
	Tell	is of. 7.	ras	grt	in	M,D	PHYS	MED DIRECTOR	STAFF PHYS		5	/31/60	
	22c PHYSICIAN'S NAME (Type)	Ellis S.	Margo.	lin,	M.D.		Springfi	eld Ho	spital, S	ykesv	ille,	Md.	
	23a BURIAL, CREMATIC		)F	23c. NAN	E OF CEMETERY	OR CR	REMATORY	23d LOCA	TION (City, town,	or county)		(Stote)	
	Burial (Specify)	5-2-60/	7	Blue	Ridge	Ce	metery	Т	hurmont	, Mar	ylan	nd	
	24 ELDERAL DIRECTOR	'S SIGNATURE		ADD	55%	-	-/ / 250 RE	C'D BY REG S		STRAR S SIG			
	Muymon	LE. Tra	unger	1-/1	Knerma	1	DATE	JUN 3	'60 (	Tothur 2	8. Krau	A	



TO FUNE

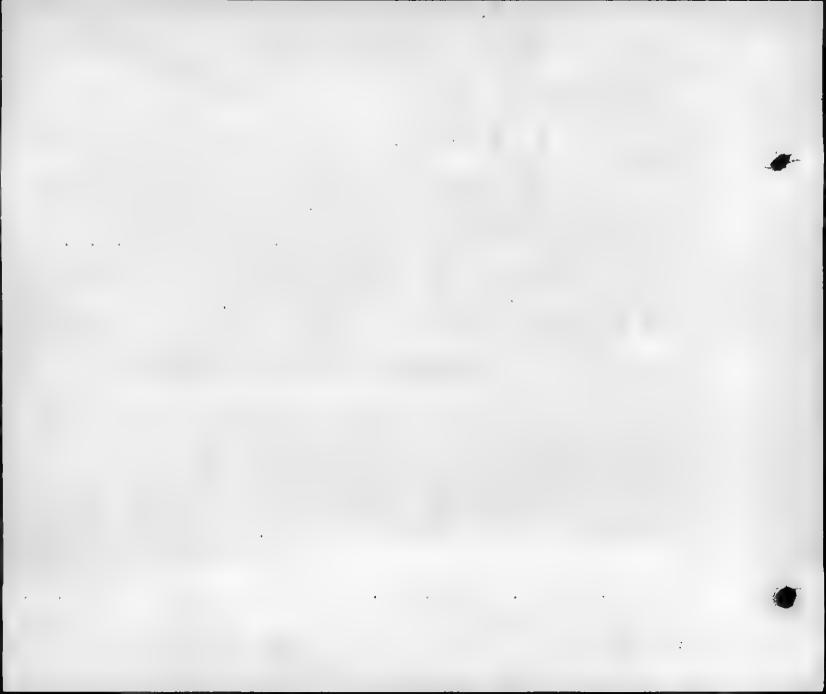
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 5636

Reg. 015508

	LACE OF DEATH						IDENCE (WI	ere deceased	Llived. If institut		ence befa	re admiss	ion)	
0	Ca Country	rroll		MARYE	AND	o STATE	Maryl	and	b. COUNTY	!			v	
b	CITY OR TOWN (IF	autside corporate lim	its, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
		Marylan	d	141 days			Balti	more			1	;	1	
d		VL (If not in hospital, s	jive street			d STREET	ADDRESS					e. IS RES		
2	OR INSTITUTION	Henryton	Sta	te Hospita	1		1202	Argyl	e Avenu	e			NO M	
3 N	AME OF	Fi	rst	Middle		lo	st	4. DATE	Ma	nth	Da	y '	Year	
ū	ype or print)	Solom	on			Fulche	r	DEATH	Ma	У		7 1	1960	
5. SE	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED		DATE OF BIRT	Н		9 AGE (In years				R 24 HRS	
	Male	Negro	WIDOW	ED DIVORCED		July 18	, 189	90	lost-birthday) 69 yrs.	Months	Days	Hours	Min.	
10o	USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS'	RY 11. BIRTHP	LACE (State	or foreign co	ountry)	12 C	ITIZEN C	F WHAT	COUNTRY	
	Labore		'			Aug	usta.	Geor	gia		U. S	. A.		
13. F	ATHER'S NAME					14. MOTHER'S								
	Mi	lton Fulc	her			F	annie	Benj	amine					
15 V	WAS DECEASED EVER			SOCIAL SECURITY NO.	17 IN	FORMANT	· · · · · · · · · · · · · · · · · · ·			lress .				
1,170	No	Type, give wor or doles of t		Unknown	S	lomon	Fulch	er-Pt	. 12	02 A	rgyl	e Av	enue	
	IB. CAUSE OF DEAT	<del></del>		ne for (a), (b), and (c).]							INT	RVAL BE	TWEEN	
	PART I. DEAT	H WAS CAUSED BY:	, H	emorrhage							ONS	SET AND	DEATH	
	IMMEDIATE CAUSE (a) TO DUE TO													
	Conditions, if an	v. which )	F	ar advance	d bi	latera	1 cav	itary	nulmon	arv '	PB			
	gove rise to im	mediate DUE TO						3						
	Lying cause last.	he under-	A						•					
12	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	YEN IN PA	RT 1(a) 1	9 WAS	AUTOPSY	
Ĭ													RMED?	
ΙĔΙ	20a. ACCIDENT WAS	UNDERLYING [] CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature	of injury in I	Part i ar Part	II of item 18 )				THE LAND	
E	OR CONTRIBUTING   (IF EITHER, NOTIFY )	LI CAUSE OF DEATH! MEDICAL EXAMINER)												
1512	20c, TIME OF INJURY	Manth, Day, Ye	or 20d II	NJURY OCCURRED 2	Oe PLA	CE OF INJURY	(Hame, form	, 20f. (City	or lawn)		(County)		(State)	
4ED	Hour o.m.	19	While of wor	Not white	fact	ory, street, affic	e bldg., etc.	.)					. ,	
		8 1 - 88 - 1 - 1 Ab -		ed from Decem	ber	1659	A.	May 7	· 6	0			,	
								D.,	, 19 6	M,that I	last so	iw the	deceased	
1 1	7.			$\frac{50}{2}$ , and that c	death	accurred at	11-1-0	≛./M, Tran	s the causes ( reet, city or town,	and an	the do		ed abave ATE SIGNES	
11,	ACTUAL 7	deary it	n 711	ameng		T.T			-	sidiej			-7-60	
	SIGNATURE	1		/	N	.D	enryc	OH 1 Pt	aryland			2	-/-00	
	PHYSICIAN'S Dr	Edgars	M. M	aculans, Si	upt.	Henr	yton	State	Hospit	al, I	lenr	yton	, Md.	
		L 225 DATE THEREC	)F	22c NAME, OF CEMET	ERY OR	CREMATORY		22d LOCAT	ION (City, town,	ar county)		(State	e)	
	REMOVAL (Specify)	5-11-	40	1777 Clu	175	in		11	10					
a. COUNTY  B CITY OR I RURAL on Henr d. NAME OF DECEASED (Type or prir  5. SEX Male 100 USUAL OC during mod La  13. FATHER'S N  15. WAS DECEA Yes no, or whoo NO  IB. CAUSE PAR Condition gave ris cause (o), lying cau Par 200. ACCIB OR CONTR (IF EITHER, VO) 21. I cer alive on ACTUAL SIGNATURI PHYSICIAN NAME (Typ  220 BURIAL CE- REMOVAL - REMOVAL - REMOVAL	UNERAL DIRECTOR'S	SIGNATURE	5 .	ADDRESS		1	24o REC'	D BY REGISTI	RAR 24b REG	STRAR'S S	IGNATU	?E		
V	166	celou y	)/.	5 1/1 (= 1)	U	, 7	DATE	C. 8 8 3	j ·					



TO FUNE

VR A15 (4) 15M 9/59

458

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5637 CERTIFICATE OF DEATH

05609

1. PLACE OF DEATH a. COUNTY	arboll	MARYLAND	2. USUAL RESIDENCE (V		COUNTY -	idence befare admission) timore 28				
Sykesvi		6 hours	Baltimore	,	nits, write RURAL qu	nd give nearest tawn)				
d. NAME OF HOSPIT OR INSTITUTION Springs	At (if not in hospito), give str 'ield State Ho	eet address)	d STREET ADDRESS 1006 Craftswood Road, Catonsville ON YES							
3. NAME OF DECEASED (Type or print)	Elsie	Middle	Gencel							
s. sex Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH <b>1881</b>	9 AG 79	E (In years IF JNC birthday) Manth	DER 1 YEAR IF JNDER 24 HRS hs Days Hours Min				
Housewife	ON (Give kind af work done 1 ing life, even if retired)	06. KIND OF BUSINESS OR INDU	Poland			Poland.				
13. FATHER'S NAME	TH		14. MOTHER'S MAIDEN	INAME						
AS WAS DECEASED EVE	Plwowarski R IN U. S ARMED FORCES?	14 COCINI SECURITY NO[17 A	UKTIOWII.		Address					
no res. no, ar unknown)	(If yes, give war or dates of service)			6 Craftsw		sville 28				
Candit ons, if a gave rise to it cause (a), stating lying cause last.	DUE TO  (b) Ch	postatic Bronch ronic Hesst Fai pertensive art		c heart di	acase	onset and death days  months  years				
C.B.S. du	e to cerebra	AS CONTRIBUTING TO DEATH BU L arterios clero DESCRIBE HOW INJURY OCCURRI	sis			PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO				
G (IF EITHER, NOTIFY	MEDICAL EXAMINER)									
ZOC. TIME OF INJUR Have a.m. p. m.	No. WI	d. INJURY OCCURRED 20e Prils Nat while wark at wark	ACE OF INJURY (Hame, fa actary, street, affice bldg., e	rm,   20f (City or tav etc.)	/n)	(Caunty) , (State)				
saw the deceas		ended the deceased fram.	5-12 - 1	60 <sub>p</sub> , to5=12 15M, from the c	auses and an	960_, that (i) (we) last the date stated abave.				
22a. SIGNATURE	within del	Campo	M.D. PHYS	MED STA	AFF YS 🔼	5-12-60				
22c. PHYSICIAN'S NAME (Type)	Agustin del	Campo.M.D.	Springfiel	B State	Hospital,	Syke <b>sville,</b> Md				
230 BURIAL, CREMAT O	5/16/6	of Holy	os ary	13d LOGATON (	City, town, or count	0 1334				
24 FUNERAL DIRECTOR	SIGNATURE 3 a	sevoka 1293	250 RE	C'D BY REGISTRAR	256 REGISTRAR'S	S. Kraus				



05610

		UO	U	
Pon	Dies	Ma		

•	Trem Ta	1 T T T T T T T T T T T T T T T T T T T
	5619	CERTIFICA
PLACE OF DEATH		MARYLAND

1 PLACE OF DEATH 0 COUNTY						USUAL RESIDI D. STATE	ENCE (Whe	ere deceased	Lived If institu		nce before	admiss	ran)		
	Carroll			MARYLAND			o. STATE Maryland Carroll								
RURAL and give n	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)			F STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Westmin			18 months				izzel	burg	(Rural V	<u>Vestmi</u>					
OR INSTITUT ON	As (If not in haspitar,	give street	address)		1 1	d. STREET AD	DRESS				e	. IS RES	FARM?		
Jord	an Nursing	Home			1							YES 🗌	NO 身		
3 NAME OF	Fi	rst		Middle		Last		4. DATE	Mo	enth	Day		Year		
DECEASED (Type or print)	Sar	•ah		Á.	T	aifley		OF DEATH	Mav		1.		1960		
S SEX	6. COLOR OR RACE		RIED T NEVER		4.1	ATE OF BIRTH			9. AGE (In year	IF UNDE	R I YEAR				
Female	White	WIDOW		VORCED [		n. 19.	1872		last birthday)	Months	Doys	Hours	Min		
100 USUAL OCCUPATION		done 10b.	KIND OF BUSI	NESS OR INDI						12 CI	TIZENOF	WHATC	OUNTRY		
during most af wor Housew											TT C	٨			
13. FATHER'S NAME	OI.Y	T O	n home		11/	, MOTHER'S A	rylan				U.S.	A.,			
					1"			ttera							
	Masonhimer						) Dat								
15. WAS DECEASED EVE (Yps. no, or unknown)	R IN U. S. ARMED FOR	RCES? 16	SOCIAL SECUR	ITY NO.	INFO	MANT			Ad	dress					
/ no				D	). E	rank H	aifle	y. We	stminste	er. Md					
18. CAUSE OF DEA	ATH [Enter only one co	suse per li	ne for (o), (b), o		1	1					INTE	RVAL BE			
PART I DEA	TH WAS CAUSED BY.	. /	erel	ral	1	2-2-2-2	~~	men.	3~			ET AND	DEATH		
1100	IMMEDIATE CAUSE (6)														
1	to DUE TO Myrea below (the)														
	Conditions, if any, which gove rise to immediate (b)														
	couse (o), stoting the under														
lying couse last.															
Z PART II. OTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?														
N. C.													NO 🚰		
E 200 ACCIDENT W	20a ACCIDENT WAS LINDERLYING FT. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of (Jem 18.)														
O THE ETHER, NOTIFY	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)														
	RY Month, Day, Ye		NJURY OCCUR			OF INJURY (H			ar town)		(County)		(Stote)		
Hour c.m.	19	While of war	Nat while	· "	outory,	street, affice	olog., erc.,	1							
	11-1-2 12														
21. I certify if	nat sattended the	deceas													
alive an															
	ADDRESS (Street, city or town, stote)  DATE SIGNED														
SIGNATURE	1-661	12	enne	LA	_M.D.	10	752	Ho	in let	est tes	نسنو		17.0		
PHYSICIAN'S NAME (Type)	Win Cal	13.	KNNL	He MI	)	100	3 EM	hiN	Nast.	min	v72	11	Yol.		
270 BURIAL, CREMAT C	N 226 DATE THERE	OF.	22c. NAME C	OF CEMETERY	OR CP	FMATORY		22d. LOCAT	ION (City, town	or county)		(State	e)		
REMOVAL (Specify)		960						-					_		
Burial		.700	ADDRESS	st Ceme	vel	*	04- PEC10	BY REGIST		rroll,			<u>ı</u> u		
23. FUNERAL DIRECTOR	The time	1													
C.O. Fuss	& Son	Tan	evtown.	Md.			DATE MA	(Y 9 't	0	Irthur 2	1. That	14			

TO HOST ALL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be anneal by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

VS A1S (4) 1SM 9/58



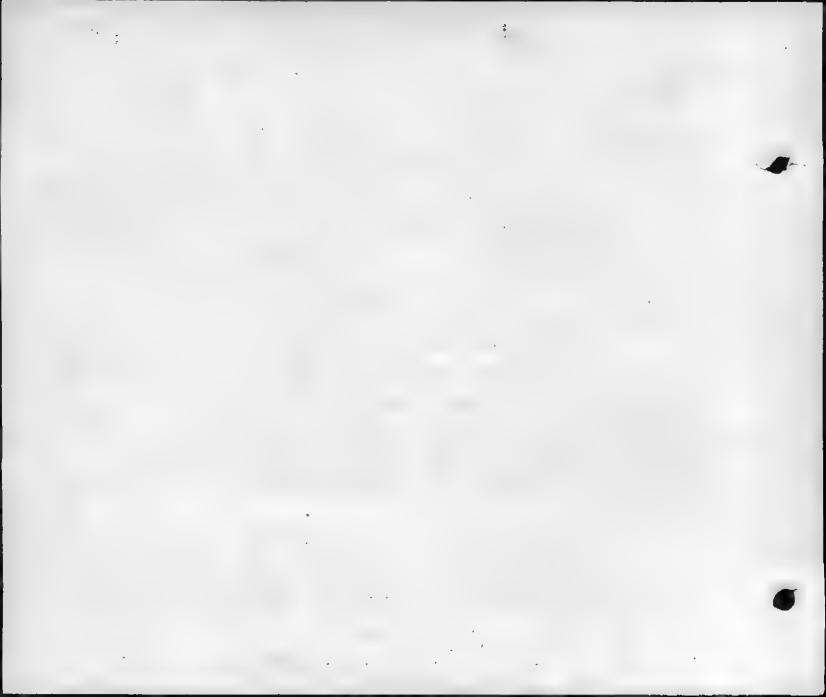
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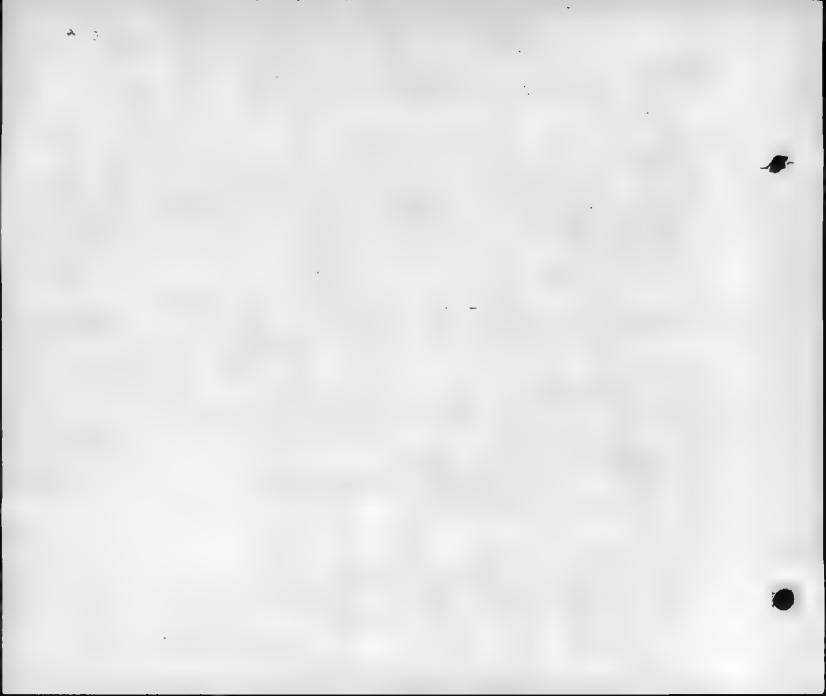
VR A15 (4) 15M 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5638 CERTIFICATE OF DEATH

1	1 \$	PLACE OF DEATH 2 COUNTY	Curro	let	MARYLAND	2 USUAL RESIDEN	CE (Where depeased CVY [CIII4]	ived If institution R  b COUNTY	tesidence b	efore admission)
		RJRAL and give n	~~~	€ 64	V. 9 mo	Bell Bell	pris outside corporo	te limits write RUKAI	L ond give	nearest fawn)
,	Si	OR INSTITUTION	TAL (If not in hospital, give	. (1 /	<b>,</b>	d. STREET ADD	e Alecy	· C+		e IS RESIDENCE ON A FARMS YES NO
		NAME OF DECEASED (Type or print)	Clerra	, ,	B, Middle	Heil	4. DATE OF DEATH	May	17	Day Year 1960
	\$ 5	EX F	1/	MARRIED NE	DIVORCED	8. DATE OF BIRTH	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INDER YE	AR IF UNDER 24 HRS rs Hours Min
)	100	during mast of yar	ON (Give kind of wask do king life, every if retred),	ne XIII OF I	BUSINESS OR INDI	JSTRY 11 BIRTHPLACE		fitry)	Ly (	CILLY
	13.	FATHER'S NAME	cses Pa	riim		14 MOTHER: 5 TO	ETTY	teiner	, 1	
	15 (Yes	WAS DECEASED EVE	ER IN U.S. ARMED FORCE (If yes, give wor or dates of serv		CURITY NO 17	rill griel	State 11	Osp. Address	2cor	41.
			ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	_	(b), ond (c)]	6.		1	10	Days
		Canditions, if a	immediate (0)	Arteri	oscleroti	c heart di	Sease			Years
		cause (a), stating	DITE TO							Years
il		Tying couse lost	(c)_	Corona	rv arteri	osclerosis		1.	1	7
il	MIFCATION	PART II OT	HER SYN FICANT COND	TIONS CONTRIBUT	ING TO DEATH BU	osclerosis T NOTRELATED TO THE TOTAL TO THE THE STREET TO THE THE	react	01,	N ESET I	WAS AUTOPSY PERFORMED? YES NO
Poli	al certification	PART II OT	HER SKIN FICANT COND  AS UNDERLYING 1 12  G CAUSE OF DEATH  MEDICAL EXAMINER)	TIONS CONTRIBUT	VINJURY OCCURR	T NOTRELATED TO THE	ury in Port I or Port I	O/s 1 of item 18 )	N ESET Y	WAS AUTOPSY PERFORMED? YES NO
el l	-:	PART II OT	HER SYN FICANT COND	OL DESCRIBE HOV	V INJURY OCCURR  CURRED 20e P	Lycheline	re, farm, 20f (City o	O/s 1 of item 18 )	(Coun	WAS AUTOPSY PERFORMED? YES NO
Pell		PART II OT	AS UNDERLYING [2]  AS UNDERLYING [3]  CAUSE OF DEATH MEDICAL EXAMINER]  RY Manth, Doy, Year  19  at (1) (this haspital)	20d. INJURY OCC While Not work of two work of the catterned the catterne	VINJURY OCCURRED 20e P footk deceased from	T NOT RELATED TO THE STATE OF THE PARTY OF T	vestill or Port I or Port	of of item 18 )	19/00	PERFORMED? YES NO (Stote)  Othat III (we) last are stated abave
Poli		PART II OT	AS UNDERLYING [2]  AS UNDERLYING [3]  CAUSE OF DEATH MEDICAL EXAMINER]  RY Manth, Doy, Year  19  at (1) (this haspital)	20d. INJURY OCC While Not work of two work of the catterned the catterne	VINJURY OCCURRED 20e P footk deceased from	T NOT RELATED TO THE PROPERTY OF THE PROPERTY	vestill or Port I or Port	of of item 18 )	19/00	YES NO (Stote)
l l		PART II OT	AS UNDERLYING [2]  AS UNDERLYING [3]  CAUSE OF DEATH MEDICAL EXAMINER]  RY Manth, Doy, Year  19  at (1) (this haspital)	ITIONS CONTRIBUTE  ALLE AND DESCRIBE HOVE  20d. INJURY OCCUPANT OF WORK OF WOR	UNIVERSED 20e Property of the control of the contro	T NOT RELATED TO THE PROPERTY OF THE PROPERTY	reacht or Port I	of tem 18)  r town)  ne causes and a	19/00	PRESTORMED? YES NO (Stote)  Pithat (We) last the stated abave 22b DATE
l l	WEDICAL MEDICAL	Iying couse lost PART II OT PART	AS UNDERLYING [ 19 CAUSE OF DEATH   MEDICAL EXAMINER]  RY Manth, Doy, Year  19  at M (this haspital) sed alive an S-1  Konstantin  DN, 236 DATE THEREOF	20d. INJURY OCCUMNIE Not controlled the controlled	CURRED 20e P Fork	T NOT RELATED TO THE PROPERTY OF THE PROPERTY	NEACH LOCATIC	of tem 18)  r town)  ne causes and a	1960 in the do	PERFORMED? YES NO (Stote)  Pithat ((we) last the stated abave 22b DATE





may b

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05613

	0030	CERTIFICA	IL OI DEATH		
)	1 PLACE OF DEATH  • COUNTY  CORROLL CC:	MARYLAND	2 USUAL RESIDENCE (Where	b COUNTY	
/	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL and	ederick give neorest town)
4	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS 410 E1 M	BIN ST	e. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) MARTHA	Middle FRANCO		DATE Month OF DEATH	Day Year 2-1 1960
	5. SEX 6. COLOR OR RACE 7 MARR		12/3/10	9 AGE (In years let UNDER lost birthday)  3 9 yrs Months	Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	U. J. A F	M.O. a	IZEN OF WHAT COUNTRY?
1	13 FATHER'S NAME Ephraim	ENRODE	14. MOTHER'S MAIDEN NAM	NE ELIZABET	H ELDER
)	15 WAS DECEASED EVER N U.S. ARMED FORCES?  Vos. no. or unknown)  (If yos, give war or dates of service)		FORMANT S, HCSPITA	Address Address	SOILLE M
	18. CAUSE OF DEATH [Enter only one cause per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	RTERIOSCL		ART DISCOR	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (o), stating the under:  DUE TO  DUE TO  DUE TO	oute WLC			s mos .
	Jying couse lost,   (c)	CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINA		PERFORMED?
	200 ACCIDENT WAS UNDERLYING [] 20b. DESI	CRIBE HOW INJURY OCCURREN			YES 🔼 NO 🗍
	20c TIME OF INJURY Month, Day, Year 20d II Hour a m While	E	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	County) (State)
_	21 I certify that (I) (this hospital) attends saw the deceased alive on 5			e, ta 5/3/	
	220 SIGNATURE	246	M.D. PHYS MED	CTOR STAFF	22b DATE SIGNED
	PAME (Type)	e Mil.	22d ADDRESS		
	23d BLR AL CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial May 25.1960	St. Joseph	r CREMATORY 23	3d LOCATION (City, town, or county) Lmmltsburg.Fred	(Stole) Md.
	24 JUNERAL D RECTOR'S SIGNATURE	DORESS Commatal		BY REG STRAR 256 REGISTRAR'S S	* 4

C. E. Wilson



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5641 CERTIFICATE OF DEATH

05614

1. PLACE OF DEATH COUNTY Carroll	MARYLAND	a STATE	nere deceased lived. If institution b. COUNTY	/						
b CITY OR TOWN ( f autside carporate limits, v	write c LENGTH OF STAY IN 1b	Maryl	.anc. outside carparale I mits, write RUF	Montgomery /						
RURAL and give nearest fown)  Sykesville	22 days	Silver S		15						
d NAME OF HOSPITAL (if not in hospital, give OR INSTITUTION	street address)	d STREET ADDRESS	*	e IS RESIDENCE ON A FARM?						
Springfield State H	ospital	200 E. F	ranklin Ave.	YES NO						
3 NAME OF First DECEASED (Type or print) Edith	Elizabeth Wakeli	n Hodges	4. DATE Month OF DEATH May	Day Year 31, 19 60						
77 7.1.1.1.1	MARRIED NEVER MARRIED	8 DATE OF BIRTH	last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min						
	IDOWED TO DIVORCED	June 18, 186	·							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWILE	1106. KIND OF BUSINESS OR INDU	1	or tareign country)	12 CITIZEN OF WHAT COUNTRYS						
	_	England		U.S.A.						
13 FATHER'S NAME		14. MOTHER'S MAIDEN N								
- Wakelin		Mary Loui	se Xynaston X	?						
15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no. og ynknown) [1] yes, give war or dotter of service		NFORMANT	Addres	is						
(Yes, no or unknown) (If yes give war or dates of service	" -   Sp	ringfield Hos	pital Records							
18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c).}			INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Bronchopneumonia.										
La J DUE TO										
Canditions, if any, which ) (b)	Arteriosclerot:	ic cardiovascu	ular disease.	Years.						
gave rise to immediate DUE TO										
lying cause last (c)										
C.B.S. assoc. with cere	ONS CONTRIBUTING TO DEATH BUT CORAL ARTERIOSCIE	NOT RELATED TO THE TERMINE TO THE TE	ina. Disease condition giver ychotic reaction	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NOW						
200 ACCIDENT WAS UNDERLYING 201 OR CONTRIBUTING 201 CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAM NER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part ( ar Part II af (tem 18 )							
3 20c TIME OF INJURY Month, Day, Year		ACE OF INJURY (Hame, farm		(County) (State						
10	While Not while to	clary, street, affice bidg , etc	2-)							
21 I certify that (I) (this haspital) a		May 9. 19	60 to May 31.	_, 19.60 , that (1) (we) last						
sow the deceased alive on May										
220 SIGNATURE				22b DATE						
Teen Th.	Mastry	M.D. PHYS DI	ED STAFF PHYS T	5/31/60						
22c PHYSICIAN'S	Klaatsch, M.D.	Springfie	ld Hospital, Sy	kesville, Md.						
230 BUR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, lawn, or	county) (State)						
PTRIAL (Specify) 6/3/60	CEPAR HILL C	EMETERY	PRINCE GEO. CO	חא אדויווו						
24 FUNERAL DIRECTOR'S SIGNATURE ENG	STEELS SPRIN	25g PEC'		RAR'S SIGNATURE						
Dunious a Zisk	a sum carmin	DATHIN	6 '60 arth	1 S. Krusa						

may be bined by the haspital or attending physician.

2 FUNEL DIRECTOR: After this certificate has been signed by the attending physician and campletely free in by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages If and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within R haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPIT TO FUNE VR A15 (4) 15M 9/59



9	()	5	6	1	1
Ren.	Dist.	No			

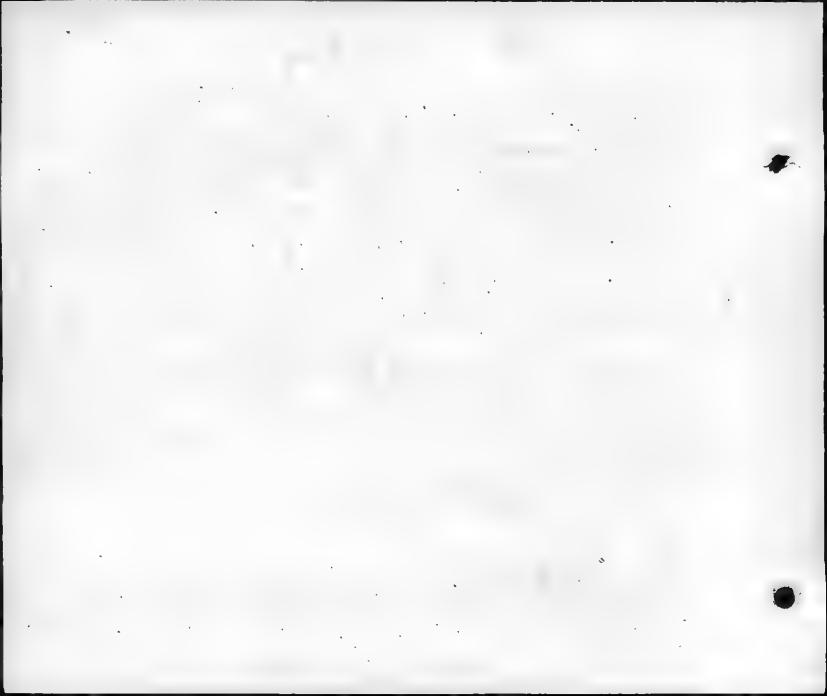
-	0019				Keg. Dist. 140	94
1.	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If instit		ore admission)
	b CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (IF or	pride carporate limits, write	RURAL and give ne	earest town)
14	d NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	2 2900	d. STREET ADDRESS	water	01	e. IS RESIDENCE ON A FARM?
<u>"</u> _	152 Kinoston K	<u>d</u>	152 /	molola	Rd.	YES NO
3.	NAME OF DECEASED (Type or print) E112ABETH	LI, HC	OPER	4. DATE OF DEATH MALE	Manth D	1960
S	6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED	8 DATE OF BIRTH CLF 19,190	9. AGE (In year last birthday		R IF UNDER 24 HRS. Hours Min.
10	USJA. OCCUPATION (Give kind of work done 10b KIND C	OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN O	DE WHAT COUNTRY?
13	FATHER'S NAME	1 1	14. MOTHER'S MAIDEN N	AME	+ yrus.	( ) 2 EC
	Palmer W. Brigh	There	Halle	norle	2 .	
	WAS DECEASEDEVER IN J. S. ARMED FORCES? 16. OCIAL (If yes, give wor or dates of service)	ESPEURITY NO	INFORMANT	the 15th	ddress/	by Kil.
	18 CAUSE OF DEATH [Enter anily one cause per line for to	a) (b), and (c) ]	- /2 -/ )	1 100	INT	TERVAL BETWEEN
	PART 1 DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	you and he	(Chr)			54
	Candilians, if any, which	uswhu	rical			54
	gove rise to immediate	70		<u>_</u>		
	lying cause last.					
CERTIFICATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION (	GIVEN IN PART T(o)	19, WAS AUTOPSY PERFORMED? YES NO.
	200 ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	ED. (Enter nature of injury in P	art I ar Part II of item 18)		
MEDICAL		OCCURRED 20e Pl lat while for	IACE OF INJURY (Hame, form, actory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty	(State)
	21. I certify that I attended the deceased fro	om m	1954, 10 %	10721- 61X	that I last sa	w the deceased
	alive on May 28 - 6 99	, and that death	-(	M, from the causes	and an the dat	e stated above.
	ACTUAL SIGNATURE SIGNATURE	rell	M.O Wist	COURTESS (Street city or law	m, stale)	-2/-60
	PHYSICIAN'S WM C, JRN,	NETTE,	MI) West	missTe	1 Ma	<u>d</u> ,
22	BURIAL, CREMATION, 226 DATE THEREOF 22c. 1 REMOVAL (Specify) 225	NAME OF CEMETERY OF	OR CREMATORY CLASSIC	22d LOCATION (City tow	n, or county) -	(Stote)
23	EUNERAL DIRECTOR'S SIGNATURE	DDRESS	240. REC'E	BY REGISTRAR 24b. RE	GISTRAR'S SIGNATU	JRE
	~ 6 1800 KK 16 1111	16011600	3/12/BATE		O W	

TO MESP A. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 4 may be alined by the haspital or attending physician.

TO FUNERAL MIRECTER: After this certificate has been signed by the attending physician and completely file in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hayrs after death.

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VS A15 (4) ISM 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
5.6.4.9 CERTIFICATE OF DEATH

05616

L	Serroll 5642 CERTIFICA	ATE OF DEATH	09010
	PLACE OF DEATH  o. COUNTY  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY Ma ryland Montgomery	esidence befare admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Sykesville	c CITY OR TOWN (If ausside carporate limits, write RURAL  Bethesda	and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS 6217 Verne St.	e. IS RESIDENCE ON A FARM? YES □ NO □
3	NAME OF First Middle DECEASED (Type or print)  Agnes Virginia Hoppe	tasi 4. DATE Manth OF DEATH MAY	Day Year 15 19 60
\$	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIVORCED DIVORCED		NDER TYEAR IF UNDER 24 HRS
10	a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Music Tea cher		2. CITIZEN OF WHAT COUNTRY
15	John Ridgely Morgan	14. MOTHER'S MAIDEN NAME Harriet Welch INFORMANT Address	
_	No.  1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) }  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arterioscleration	Springfield Hospital Records Hea rt Disease	INTERVAL SETWEEN ONSET AND DEATH
	Candit ans, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (b) Acute Pyelo Neg  OUE TO	phri <b>ti</b> s	weeks
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 4 for the control of the control		PERFORMED?
AAE.	21 I certify that (I) (this haspital) attended the deceased from.	death accurred at 11eM, from the couses and an ATTENDING MED. STAFF PHYS 22d. ADDRESS	
L	BURIAL CREMATON 23b, DATE THEREOF 23c, NAME OF CEMETERY (	Springfield State Hosp, Sy OR CREMATORY 23d. LOCATION (City, town, or con Cemetery Washington, 25o REC'D BY REGISTRAR 25b REGISTRAR	D. C.

TO HOSPITAL OR ATTENDING FINASCIAL. The law requirements that the design constitution be executed with. 24 hours after death. Page 4 may be a smed by the hospital or attending physician.

TO FUNE A DIRECTOR: After this certificate has been signed by the otherding physician and completely full as by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Board of Health prior to burial, are remained, and nony event, within 72 hours after death

VR A15 (4) 15M #/59



		5643 Item CEKHEICA	IE OF DEATH	UDUL 8
		PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where, deceased rived. If institution- Resonance of STATE b COUNTY	sidence before admission)
		b C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	CCITY, OR TOWN (If outside corporate limits, write RURAL	12 2
		or institution  144 (***********************************	d STREET ADDRESS	e is residence on a farm? YES PO NO
		NAME OF DECEASED (Type or print) NELLIE BELL HO	LOSI 4. DATE OF MONTH	Day Year 1966
		CAT. CT. MIDOMED DIVORCED	July 6, 1883 Just birthday) Mon	
	100	during most, of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME	Mary Angelie	
		WAS DECEASED EVER IN U. S. ARMED FORCES? In no, or unknown)  (If yes, give wor ar dotes of fervice)	Civite Attitional English	cec, 7:4.
		18 CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	low, arteurs chopin	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate (b) Sentralized a	Teresolato beat dise	70
	_	couse (o), stoting the under. DUE TO (c) Currents		28 my 1
¥	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
	L CERTIF.	206. ACCIDENT WAS UNDERLYING DOCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port 1 or Port 1 of Item 18.)	
	MEDICAL		ACE OF INJURY (Hame, form, '20f. (C'ty or town) ctory, street, office bldg., etc.)	(County) (State
		21 I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 27, 2004, 1958, and that d	May 1958, to 28, may, 1 leath occurred at 7A.M. from the causes and an	
		220 SIGNATURE ON STATE OF THE S	M D PHYS MED STAFF	28 MALS
/		Pac PHYSICAN'S NAME (Type) HOWARD E. HALL	SYtesville M	12.
	230	REMOVAL (Specify) 5-31-6-0 23c NAME OF CEMETERY OF	REGEMATORY 23d LOCATION (City, 40wn, or cou	escend Hede
	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  LE THE HEAD CLE	250 REC'D BY REGISTRAR 250 REGISTRAR DATE JUN 1 '60 Carling	'S SIGNATURE

D HOSPITAL OR ATTENDED PHYSICIAN: The low majories that the death mertificate be executed within 24 haurs after death. Page 4 may be trinial by the hospital or attending mays be trinially the hospital or attending mays be seen signed by the attending physician and campletely filled the hospital director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages I and 2 should be fried with the State Board of Health prior to burial, command, and in any event, within 72 hamm after death.

TO HOSPITA

VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND SELE CERTIFICATE OF DEATH

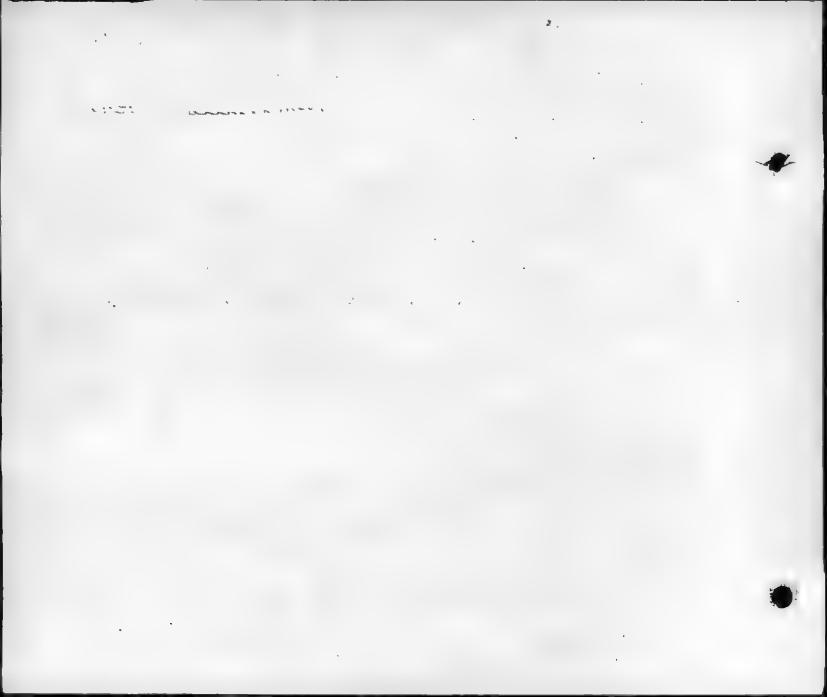
501.7

05618

2	_	2023 00011107	THE OF PEATH
	1. I	PLACE OF DEATH  COUNTY CHEROLO MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY BLUE LE
		CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RYRAL and give nearest lawn)  ALLA COALD ORO. RULE 1 10-14	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)
j	7	NAM OF HOSPITAL (If not in hasp tot, give street address) OR (INSTITUTION LOCALLY CLAIR COURT TOWN	1 d STREET ADDRESS  1 Dicentificad 711d on A FARM? YES 1 NO.
	ľ	NAME OF DECEASED Type or print) Jela - Grist Gelle	ew The Death Milly H 1966
	\$ 5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 9 AGE (In years) FUNDER 1 YEAR IF UNDER 24 HRS 1951 bighthogy) Months Days Hours Min.
		US JAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDU	maryland W.SA
		bolu W Kelbaugh	Leave Meuray.
I	<b>X</b>	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. III.	With Kolbaugh- Hampticad Md
-		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY:	ONSET AND OF ATH
		Canditions, if any, which gave rise to immediate cause (a), stating the under	the felever 15 ye
	7	lying couse last. (c)	experimen 3m
•	CATION	Milliox	THOSE SEASON OF THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port I of item 18)
	MEDICA		ACE OF INJURY (Home, farm, 20f (City or tawn) (County) (State ctary, street, affice bldg., etc.)
ő I.		21 I certify that (I) (this haspital) attended the deceased fram	
		220 SYNATURE	death accurred atM, from the causes and an the date stated above
		MONTH ELLN MASTIN	22d ADDRESS 4 hermally hid
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COLLINS	priese Cerial to Mid
	24	AMERICA SIGNATURA TO HOMESS STEED	DATEMAY 1 0 '60   Conthur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the haspital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and nameletely file by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

56 TIMORE 1, MARYLAND

ν	ISION	<b>OF</b>	STATISTICAL	RESEARCH	AND	RECOR	DS -		BAL	J
4	5		CE	RTIFICA	ATE	OF	D	E,A	\TI	ŀ

05619

		LACE OF DEATH	Ø	MARYL	AND	2 USUAL RESIDENCE (Wh	-	lived If institute b. COUNTY			mission)		
/	3	CITY OF TOWAR	Carroll (If outside corporate timits, write	c. LENGTH OF STAY I		Marylan		-4- N	Garr				
	17	RURAL ond give	(it outside corporate timits, write	C. LENGIH OF SIAT II	N IB	c CITY OR TOWN (If o	iviside corpor	ore immirs, write K	DKAL ond Bi	*C 1601E31 1	Ownj		
		Sykesvi.		3 mos. 13	dys	Mountain	Lake P	ark	//	, K	<i>y</i>		
1	0	PROPERTY TO SMANE	ITAL (If not in hospital give stree	dddress)		d. STREET ADDRESS				e IS	RESIDENCE N A FARM?		
		Springfi	eld State Hospi	tal							□ NO 1		
	0	NAME OF DECEASED	First	Middle		Last	4 DATE OF	Mon	th.	Day	Year		
	(	Type or print)	John	W <u>1111</u>	a sprain are se	LaRue	DEATH	5		10	19 60		
	5 \$	EX	6 COLOR OR RACE 7- MAR	RIED NEVER MARRIE	<b>A</b>	8 DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.		
		Male	White widow	/ED DIVORCED		9-22-67		last burthday)	Months D	Doys Hou	irs Min.		
	10a	USUAL OCCUPAT	ION (Give kind of work done 10b rk ng life, even if retired)	. KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Stote	ar foreign co	untry)	12 CITIZI	EN OF WHA	AT COUNTRY?		
		Carpent				Marylan	a Fi	nzel	T	J.S.A.			
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N				A STAN S ST.			
			Tarra Tabas				Rahe	cca Durs	et.				
			ISAAC LARUE	SOCIAL SECURITY NO.	17 IN	FORMANT	140.00	Add					
	₹Yes,	, no, or unknown)	(If yes, give war or dates of service)		-		anit-1	Pananda		r)co card	1110		
	-	NO.	TATU I P	1 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	1 3	pringfield Ho	RDIGET	Records		kesv	BETWEEN		
		PART I, DEATH WAS CAUSED 8Y:											
		IMMEDIATE CAUSE (o) ATTORIOSCIPTOTIC HOATT DISCASE Years											
		Conditions, if ony, which   Coronary arteriosclerosis years											
			years										
		gove rise to couse (o), stating	immediate DUE TO	•									
		lying couse lost (c) Abscess in left lung											
	Z	PART II O'	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH_8UT	NOT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY		
	AT	C.B.S	. associated wi	th carehral	o mt	ericanlarosia	with	neurchot	io rec		NO [		
	I E	20g ACCIDENT W	AS UNDERLYING CT 206 DE	SCRIBE HOW INJURY OC	CURREC	). (Enter noture of injury in I	Port Los Port	If of item 18)	TO TOO	209			
	CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER			, ,							
	MEDICAL			INJURY OCCURRED	20e PLA	ACE OF INJURY (Home, form	20f (City	or town)	(Co	unty)	(Stote)		
		Hour a.m.	10 (	Not while	foc	tory, street, office bldg., etc.	.}						
	2	p. m.					60 3	( 30	61	2			
1		-	at (I) (this haspital) atten								) (we) last		
L			ased alive an May 10	19 <u>60</u> , and t	that d	eath occurred at 103	<b>DU</b> front	the causes an	d an the	date stat			
	Н	220 S GNATURE	- f -	1.1 10		ATTENDING MI	FD	STAFF SE		pr -	225 DATE SIGNED		
		L1	givelyn d	ex Carn	18.0	M.D PRYS DI	RECTOR -	STAFF PHYS		<b>ე−</b> .	TT-00		
		22c NAYSIGIAN'S NAME (Type)	/ /	1 1	7	22d. ADDRESS	3 01.1		- 7 Ci		11 - MD		
			Agustin delCam	po M.D.		Springfiel	d Stat	e noapi	al, by	kesvl.	rre 'm.		
	23o		ON. 23b DATE THEREOF	23c NAME OF CEME	TERY O	R CREMATORY	23d LOCAT	ION (City, lown	or county)	(	Stote)		
		REMOVAL (Specif	2. May 19, 1960	Johnso	7	Cemetery	Heart	rostlen	a, Go)	relt	a Tun		
	24	FUNERAL DIRECTO		ADDRESS	1	250. FEC	D BY REGISTI		STRAR'S S GI	NATURE	تهد اسب		
	5	John 7	· Hater Cin	when lane	1	TAL DATE M	AY 24 '8	30	Mur S.	Thous			

TO FUNE.

TO HOSP VR A15 [4] 15M 9/59



VR ATS (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 646 CERTIFICATE OF DEATH

5645

		<u> </u>								
1 PLACE OF DEATH a COUNTY CE	rrell		MARYLA	AND	2 USUAL RESIDENCE (W. STATE Maryl	/here deceased	b. COUNTY		e before o	dmission)
b CITY OR TOWN (I RURAL and give be Rural - Syk	f outside corporate limit corest town) CSVIIIC	s, write	c. LENGTH OF STAY IN 25 years	- 1	Cumberle		rate limits, write R	URAL and g	ive nearest	tawn)
d NAME OF HOSPIT OR INSTITUTION Springlie	AL (If not a hospital, gi	spit	oddress)		d STREET ADDRESS					RESIDENCE ON A FARM? ES NO 1
3 NAME OF DECEASED (Type or print)	Margar	-	Fuller	ton	Linaburg	4. DATE OF DEATH	Mar 5	nth	Day 19	Year 1960
female	and the second	7 MARR	ELED NEVER MARRIED ED M DIVORCED		3/29/99		9. AGE (In years last birthday) Ol yrs			UNDER 24 HRS
10a. USUAL OCCUPATIO during most of warl Mill wox 13. FATHER'S NAME	king life, even if retired)		KIND OF BUSINESS OR Textile	INDUS'	Pennsyl  14. MOTHER'S MAIDEN	vania :	Pittsbu		U.S.A	HAT COUNTRY?
	Fullerton				Margare		an			
IS WAS DECEASED EVE	R IN U.S. ARMED FORCE		SOCIAL SECURITY NO	17, INI	FORMANT	0 110200		ress		
(Yes, no, or unknown)	(If yes, give wor or dates of se	rvice)	?	S	oringfield S	tate Ho	ospital 1	record	is	
Schizon	mmediate   DUE TO (c) HER SIGNIFICANT CONE TO REACTION (C)	ONS ONS		IH 8UT I	discovered.  NOT RELATED TO THE TERM		E CONDITION GO	VEN IN PART	P	VAS ALTOPSY ERFORMED? S M NO []
	AS JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				(Enter nature of injury in	4 +		10	Caunty)	(State)
20c. TIME OF INJUR Have a. m. p.m.	19	While	Nat while		ary, street, affice bldg., et		de lawn,	, (		(Sidio)
22a S GNATURE  22c PHYSICIAN'S	3.7.	y 19	Veter	hat de	A.D PHYS 22d ADDRESS	MED DIRECTOR			date st	(we) last ated abave. 22b DATE 0/60
230 BURIAL, CREMATIC REMOVAL (Specify) BUTTAL 24 FUNERAL DIRECTOR James I	5-23-60 's SIGNATURE	}	Davis N. 6 ADDRESS	emo:	rial Cem		TION (City, town, Derland TRAR 255 REG	• •	SNATURE LAMA	(State)
Semen 1	• pcgt.her	-1	Cumberland	لتنوغ	DATE!	4				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

5647

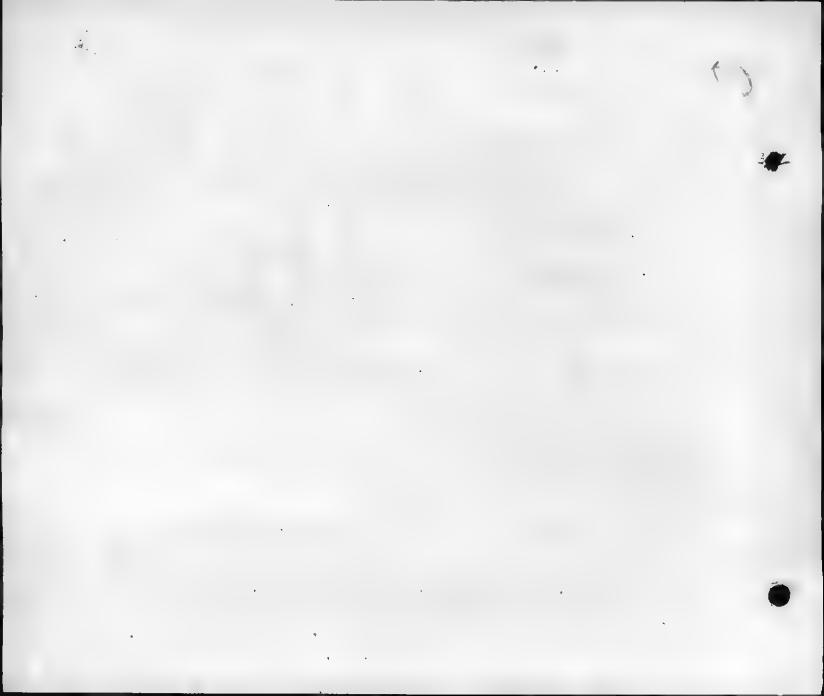
05621

<u> </u>		O O Tra										
ì	PLACE OF DEATH o. COUNTY Carroll b CITY OR TOWN (If outside corporate limits, write			MARYL	11 4	JSUAL RESIDENCE (WIND STATE Mary)		b COUNTY				on)
	b CITY OR TOWN ( RURAL ond give n Henry	egrest tawn)	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF a		ote limits, write R	URAL on	give near	est fown	) * .
-	A NAME OF HOSPI	ryton Stat	e Ho	address)		d STREET ADDRESS 27001 Ridge		ge Road	e Road		ON A	DENCE FARM? NO 🍱
3	NAME OF DECEASED (Type or print)	Willi	if	Harriso	n	Lyles	4. DATE OF DEATH	Mor Ma;		30°		,60
S	SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIER		TE OF BIRTH -13-1891		9. AGE (In years lost birthday) 59 yrs	Manths Manths	ER 1 YEAR	Hours	R 24 HRS Min
	Farming	king life, even if retired)	ione 10b	KIND OF BUSINESS OR		Damascus	s, Mar	_		U. S.		OUNTRY?
1.	3. FATHER'S NAME				14	. MOTHER'S MAIDEN I						
		erson Lyle				Isabel S	Steen					
19		ER IN U. S. ARMED FOR: (If yes, give war or dates of si	term end	SOCIAL SECURITY NO 214-12-7656	17 INFOR	MANT lliam H. ]	Lyles-	Pt. 2		Ri.dg	ge R	oad
	Conditions, if a gave rise to it couse (o), stoting lying couse lost.	mmediate (	Con	ronary Thro	iaodmo	.5						
OCCUPATION.	Far Far	Advanced I	Bila	contributing to DEA teral Pulmo	nary	Tuberculo	sis		VEN IN P.	ART 1(0) 15	PERFO	RMED?
		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED (E	iter noture of injury in	Port I or Port	t It of item 18.)				
100000	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While of wo	Not while		OF INJURY (Home, form street, office bldg., etc.	c.)	or town)		(County)		(Stote)
	saw the decea			ded the deceased t		*	L , TQ	May 30 the causes as		60, the	stated	abave
		lyans M. M.	also.	lucy	M.D	ATTENDING NO D	AED. PIRECTOR 🛣	STAFF PHYS		<u></u>	220	5 GNED
		gars M. Mad		ns, Supt.		Henryt	on, Me	ryland				
2	Burial Specify		15 1960	23c NAME OF CEME		Meth.	Dan	TION (City, town,	Md.		(Stot	e)
2	WINTERAL DIRECTOR	T Wolse	mtl	ADDRESS Damas	scus,	Md. DATE	D BY REGIST			SIGNATUR		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the haspital or attending physician.

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VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

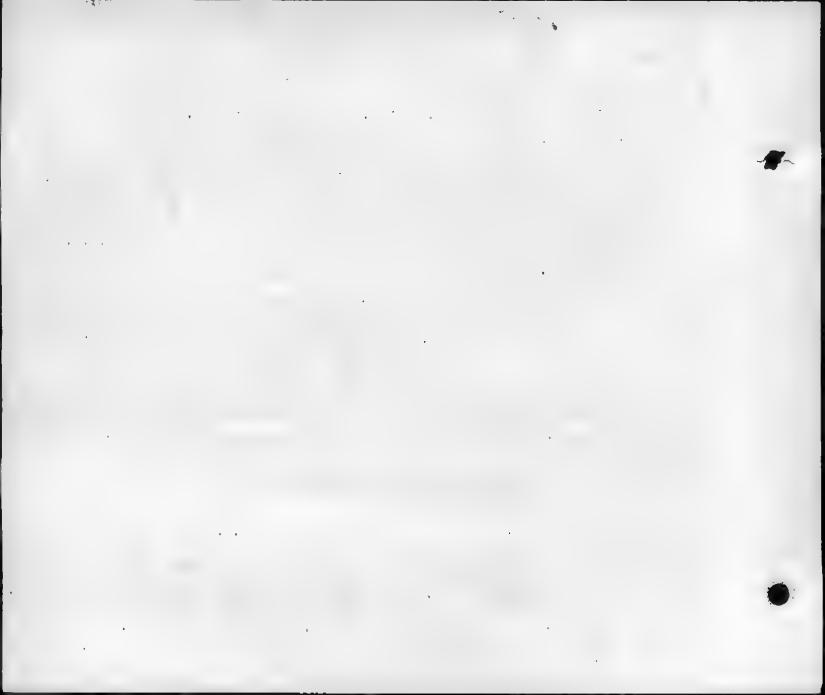
05622

	5548		CERTIFICA	TE OF DEAT	111				
. PLACE OF DEATH				2 USUAL RESIDENCE	(Where decease	ed lived If instituti B COUNTY	an Residence	befare admi:	ssign)
Carroll			MARYLAND	g. STATE Maryl	imore	044**	ř		
			LENGTH OF STAY IN 15			porote limits write f			m)
RURAL and give			2 mos. 16 dv					3 Val	
	SVIIIC PITAL (If not in haspital, giv	d. STREET ADDRES	imore ]	8, Md.	*		SIDENCE		
OR INSTITUTION							ON A FARM?		
	ield State H	ospit.	a	2746 Alam				YES [	NO
NAME OF DECEASED	First		Middle	Last	4. DATE	Mar	ith	Doy	Year
(Type ar print)	Bert	ha.	Gertrude	McCracken		H Ma	y	17	19 60
SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years fast-outhday)		YEAR IF JND	
Female	White	WIDOWED	DIVORCED 🗍	1-4-96	1887	X74 7,2	Months D	ays Hours	Min.
0a USUAL OCCUPA	TON (Give kind of work do	ne 10b. Ki	ND OF BUSINESS OR INDU	STRY 13. BIRTHPLACE (S	itate or fareign	country)	12. CITIZE	N OF WHAT	COUNTRY
during mast af w	arking life, even if retired)							U.S.A.	
House FATHER'S NAME	MITE			14 MOTHER'S MAID	ryland			U.D.A.	,
1 JULIER 2 HAME									
	George Whitt				Mary Ev				
WAS DECEASED E	VER IN U.S. ARMED FORCE  (If yes, give war ar dates of ser			NFORMANT			ress		
			S	pringfield	Hospits	1 Records	Syk	esvill	
18 CAUSE OF C	DEATH   Enter only one cou	se per line	far (a), (b), and (c) ]					INTERVAL B	ETWEEN
	EATH WAS CAUSED BY.			manmania				ONSET ANI	
I a da ma	IMMEDIATE CAUSE (a)		PLOUGHO!	neumonia				WOOL	
420. O DUE TO									
Candilions, if		Ar	<u>terioscleroti</u>	c Heart Dis	<u>ease</u>			year	rs .
cause (a), stati									
lying cause la									
PART II.	THER'S GNIFICANT COND	IT ONS CO	NTR BUT NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE COND TION G	VEN IN PART 1	(a) 19 WAS	AJTOPS
GH	naten Propie Brain	dyca J Thaw?	ome assoc. Wi	th Arterios	cleroti	c heart d	lisease	YES	NO 1
			IBE HOW INJURY OCCURRE						
OR CONTRIBUTION	NG CAUSE OF DEATH								
	URY Month, Day, Year	204 1611	URY OCCURRED 20e PL	ACE OF INJURY (Hame,	form 206 /C		1°	unty)	{Stat
Hour a.	n,	While	_ Nat while	ctary, street, affice bldg	, etc.)	ny di Towin	(Cu	nutyj	taidi
р. п	n. 19	at work			į				
21   certify t	hat (I) (this haspital)	attende	d the deceased fram.	March 1	1260, ta	May 17	19.60	), that (1)	(we) la
saw the deceased alive an May 17, 1960, and that death accurred at 11:40 from the causes and on the d									25.DATE
6	y marking	rVII	Carrelin	M D PHYS	MED.	STAFF T	More 3		SIGNE
22c PHYSICIAN	ST DECEMBER (	MA	" (J-4)	22d ADDRESS	DIRECTOR	PHITS A	rialy 1	.79 170	,,,
NAME (Type	i (/	7 0	no M D		07d C+	te Hospit	- Q-	rke ourd 1	176
<u> </u>	''Agustin_de		po M.D.	Springil	rata org	ree moshr	act, Oy	WORA T	
	TION, 236 DATE THEREOF		23c NAME OF CEMETERY C	1 1 /	23d LOC	ATION (City, tawn,	ar caunty)	(Str	ate)
burial Spec	5-21-60		New (athea	ral (em.	Ba	ltimore	, Md.		
4 FUNERAL DIRECT			ADDRESS	250	REC'D BY REG	STRAR   25b REG	ISTRAR'S SIGN	VATURE	
Leonara	1. Ruck 5	305 1	Hartord Rd	DATE	MAV 9	4 '60	C 12 1	0 4	
	1			DATE	MAIL	T 001	Clathun 1	Theusa.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the hasp toll an ottending physician.

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VR A15 (4) ISM 9/S9



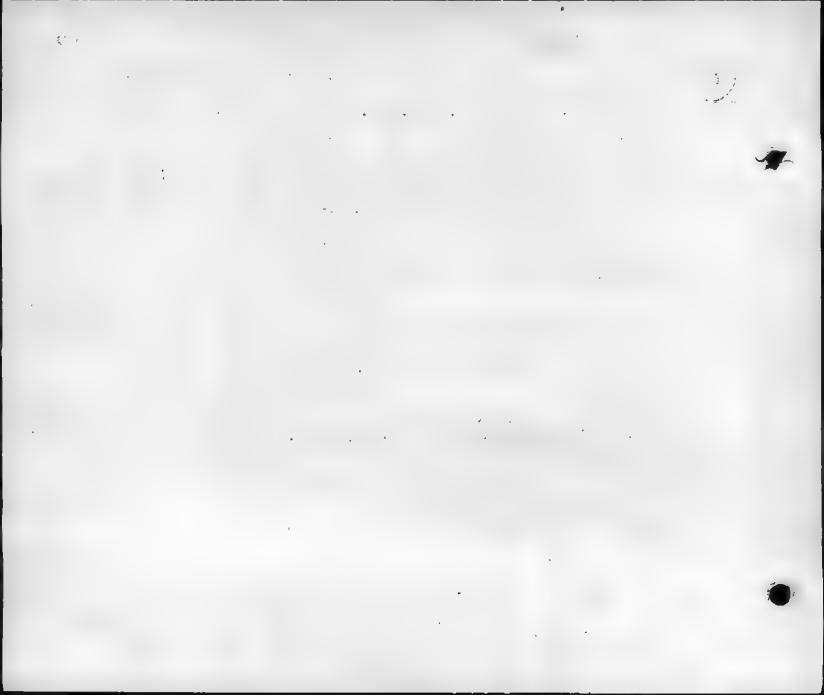
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5640

05623

			* <del>****                                </del>	7 1 1						
1. PLACE OF DEA	ARROLL		MARYL	AND	2. USUAL RESIDENCE (W STATE MARYTAN D	here deceased	b. COUNTY	on. Residence	e befare admiss	ion)
	WN (If autside corporate lim	its, write	c. LENGTH OF STAY II	N 1b	CITY OR TOWN (IF	autside carooi	rate limits write R	JRAL and a	ve negrest fawn	2)
RURAL and	ILLE MD.		lyr. 10mo.		,				. /.	4
d. NAME OF H	OSP TAL (If not in haspital)	_	address)	220	d STREET ADDRESS					FARM?
	GFIELD STATE	HOSPI	LTAL		2760 TIV		/E		YES	NO 🗗
3 NAME OF DECEASED	F	rst	Middle		Last	4 DATE OF	Man		/	Year
(Type or print)	MARY		ELIZABET		MERZ	DEATH	MAY			19 60
5 SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		L DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDE	ER 24 HRS. Min
FEMALE		WIDOW	- Bad		10-14-87		72 Yrs		bays Hoors	/*****
10a USUAL OCCU	JPATION (Give kind of work of warking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	e ar foreign co	ountry)	12. CITIZ	EN OF WHAT C	OUNTRY?
	EWIFE	"			U.S.A.	Mary	land	U.	5.A.	
13 FATHER'S NAM	AE .				14. MOTHER'S MAIDEN	NAME				
JOHN	ZIMMER				MARGARET	?				
	EDEVER IN U. S. ARMED FO		SOCIAL SECURITY NO	17, <b>IN</b>	FORMANT		Add	ress		
NO	(If yes, give war ar dates of	servicej		S	PRINGFIELD HO	OSPITAI	RECORDS	S. SYKE	SVILLE,	MD.
18. CAUSE O	F DEATH [Enter only one o	ouse per li	ne far (a) (b), and (c).}	~					INTERVAL BE	
PART	I. DEATH WAS CAUSED BY:	-1	PNEU	H	SITING				MONTH	
11 %	DUE TO									
Conditions	, if any, which )	51 C t	IRONIC	co.	NEE STILL SAN	HEAR	T FAIL	UNE		
gave rise	ta immediate		11 11 11		, , , ,					
	lying cause last.									
Z (L/ PARLI	I. OTHER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH SUT	NOT RELATED TO THE TERM	AINAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19 WAS	AUTOPSY
OLS SC. B.S	PERFORMED?									
20g ACCIDE	NT WAS UNDERLY NG [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				Enter nature of Injury in	Part I ar Parl	H of item 18 )			
	NJURY Manth, Day, Ye	er 20d I	NJURY OCCURRED 3	20e PLA	CE OF INJURY (Home, for	m, 20f (City	or found	10	ounty)	(State
Hour d	a. m	While	Nat while		tary, street, affice bldg., at		or town,	(0)	ooney)	(Sidie
*	р. m, 19	at wa	rk at wark		1 de et	4-				
21 I certify	y that (I) (this hospita	l) attend					5/22			
	eceased alive on5	/55/	1960 , and t	that d	eath accurred at 7.A	M, from	the causes an	d an the	date stated	abave
22a SIGNATI	URE								221	SIGNEL
7 6	6, x +1 5 AL	1 2	sa hely	A		AED DIRECTOR [	STAFE PHYS 🗗		5	/22/6
22c PHYSIC.A	AN'S		1-1-1-1		22d ADDRESS					
	TIEIVE	71.	KLAATS	11 77	SYKESVI	LLE, MI	D			
BURIAL, ORE/ REMOVA (S)	MATION, 236 DATE THERE	160	23c NAME OF CEMET	Te	CREMATORY COMERC	23d LOCAT	ION (City town,	ar county)	Massign	e)
24 FUMERAL DIRE	CTOR'S SIGNATURE	1	ADDRESS / /	1-1-		D BY REGIST	RAR 25b, REGI	STRAR'S SIG	NATURE	
Lema	it Kuch	6 4	305 /10	11	DATE M	AY 25 16	0 0	thur &	Kraug	
	THE RESERVE OF THE PARTY OF THE			34" E	917				C TO P SHALL SHOW	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNE VR A15 (4) 15M 9/59



W.B. Gulwell

ADDRESS

Winfield, Maryland

22b DATE THEREOF

115624

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Hours

Days

IS RESIDENCE

ON A FARM?

YES NO TY

Year

1960

Reg. Dist. No.

Carroll

Months

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO X (County) (Stote) 1960 that I last saw the deceased \_\_, and that death accurred at 1225 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) St. James Cemeterv Carroll, Maryland 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR MAY 9

FUNE page 0 VS A15 (4) 1SM 9/SB

Pe

T

ACTUAL

SIGNATURE

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

C. M. Waltz.



VS A15 (4) 1SM 9/S8

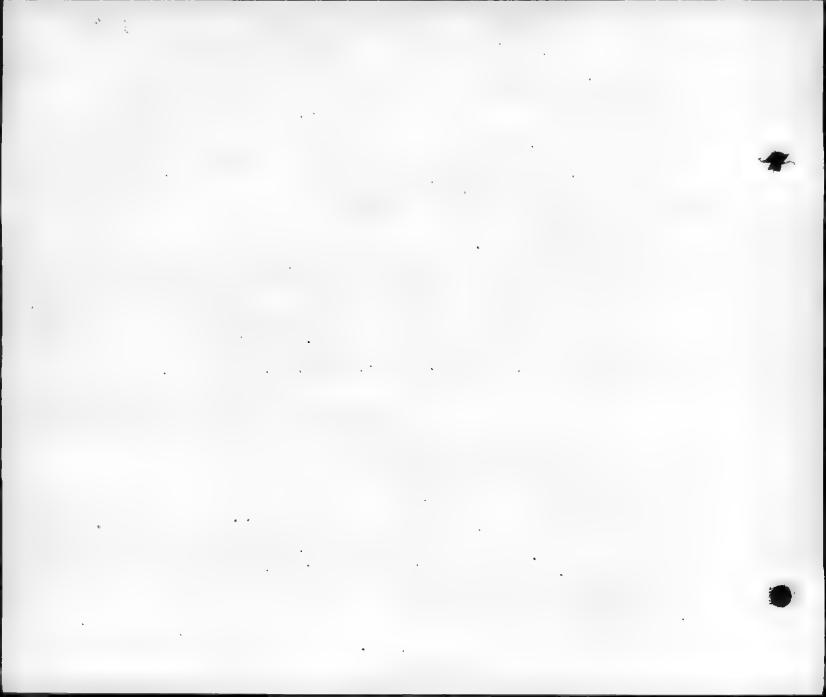
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO 5651

CERTIFICATE OF DEATH

RE, 1	8 {}	56	25							
Reg. Dist. No.										
OUNTY	n: Reside	rro	11							
, write Rt	JRAL and	give nec	srest town	1)						
	M/ C									
56				FARM?						
Moni	h	Da	у	Year						
194		21	Personal	1960						
In years rthday) yrs.	Months	Days	Hours	R 24 HRS Min.						
	12 CH	IZEN OF		OUNTRY?						
Addr	19	në	01	<b>b</b> . o						
in	/40-		RVAL 8E	DEATH						
Du	عساسه			<b>/</b>						
TON C.Y	CALIAL PA	PT 1/21 1	Q WAS	ALIZOPSY						

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, It MARYLAND CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) NAME OF HOSPITAL (If nat in hospitol, give street oddress)
OR INSTITUTION

MA COLOR d. STREET ADDRESS 321 N.MAIN NAME OF DATE Middle DECEASED DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE lost WIDOWED [7] USUAL OCCUPATION (Give kind of work done 10b during nost of working life even if retired) 13. FATHER'S NAM IN U. S. ARMED FORCES? 16 SOCIAL SECURITY INFORMANT IS. WAS DECEASED EVER CAUSE OF DEATH | Enter only one couse per line for job (b), ond (c) PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT PERFORMED? YES NO 20d ACC DENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in vry in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy. Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a m While at work at work 190 Ahat I last saw the deceased 21. I certify that I attended the deceased from alive an that death accurred at and \_M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAL LOCATION (City, fown, or county) NAME OF CEMETERY, OR CREMATORY (Stote) SUNTERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Chilling S. House

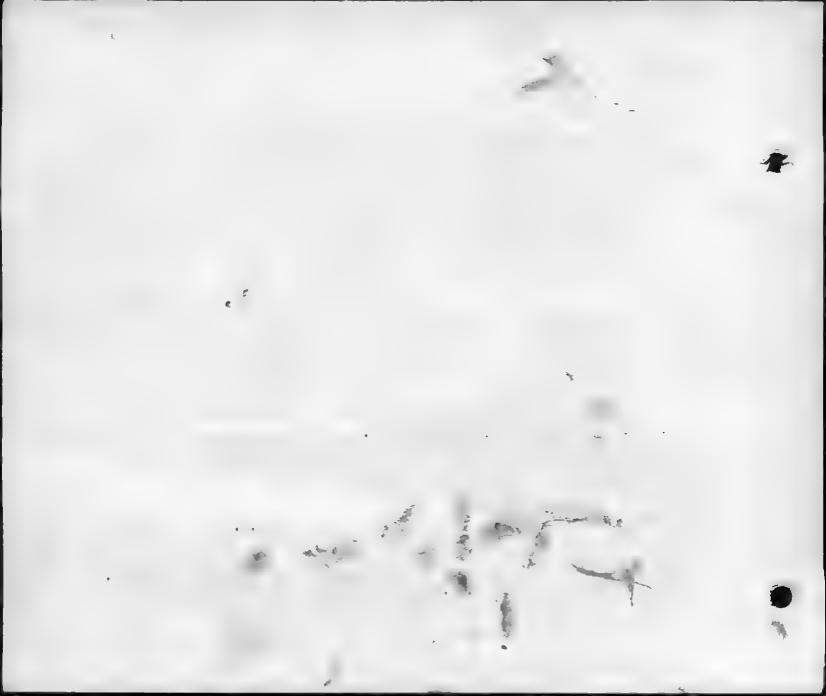


TO FUNE

VR A1S (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 552 CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY Carroll MARYLAND			2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b. COUNTY									
Ι.	RLRAL and give ne	outside corporate limiterest town).  VKCSVILLE	its, write	c LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore							
20	d NAME OF HOSPIT. OR INSTITUTION Opringfield	AL (If not a hospital, g d State Hos	pive street spi.ta	oddress)		d STREET ADDRESS					ON A	DENCE FARM?	
	NAME OF DECEASED (Type or print)	Fin Bes	rst 3 <b>5 i e</b>	Middle		Neonan	4. DATE OF DEATH	5	eth	2		19 60	
5	female	6. COLOR OR RACE		RIED NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years loss birthdoy) 90 yrs.	Months		Hours	R 24 HRS Min.	
10a. JSUAL OCCUPAT.ON (Give kind of work done during most of working life, even if retired)  Naryland  12 C TIZEN OF W  Maryland						F WHAT C	OUNTRY?						
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
15  Ye		R IN U.S. ARMED FOR Iff yes, give war or dates of a		SOCIAL SECURITY NO.	1	ringfield Ho	spital		syki	esvi.	lle		
		TH (Enter only one or TH WAS CAUSED BY IMMEDIATE CAUSE (c	)	ne for (o), (b), and (c).]						IM.	ERVAL BE SET AND I NU C	DEATH	
ZO	gave rise to it cause (a), stating lying cause lost.												
CERTIFICATION		Schizophrenic Reaction, Paranoid Type.  Performed?  YES NO   NO   Performed?  YES NO   Perfor											
CERT	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		et	COME	er tenter norme or missy	~						
MED CA	20c TIME OF INJUR Hour o m p. m.	Y Month, Day, Ye	White			ACE OF INJURY (Home, for ctory street, office bldg , e		y or lown)		(County)		(State)	
	saw the decease 220 SIGNATURE 22c PHYSICIAN'S NAME (Type)	Like S. G.	5/24/ lahn,	M. D.	that o	M D ATTENDING PHYS 22d ADDRESS S	med D RECTOR D Pringf ykesvi	staff Z ield Stat lle, Mary	te Ho	May sp.	24,	1960	
	REMOVAL Specify	111ay 74 -	a La	230 NAME OF CEME	. c 42	250 RE	CD BY REGUE	TRAR 256 REG	STRAR'S S		(Stoi	re)	
_	L remote I	+ Hereit	1 .			DATE							



TO FUN

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
5653 CERTIFICATE OF DEATH

	5653	CERTIFICA	TE OF DE	ATH		0562	7	
1, PLACE OF DEATH	CARROLL	MARYLAND	2 USUAL RESIDE	NCE (Where deceo	sed lived If institution b COUNTY	Residence befor	e admission)	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	5 YE, 6 ME, 13 Day	M	WN (If outside car	porate limits, write RU	RAL and give ned	rest lown)	
d NAME OF HOSP OR INSTITUTION	TAL (If not in hospitol, give street	oddress)	d. STREET ADI	27 th S	t,		ON A FARM? YES NO	
3 NAME OF DECEASED (Type or print)	VERA	URSULA	PAY	NE 4. DATE	н 5	7	1960	
Female	6. COLOR OR RACE 7 MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9 -95		F UNDER 1 YEAR Months Days	Hours Min.	
TEACH	ION (G ve kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDU	Decri	ISLAND, NO	wBranswick		WHAT COUNTRY	
13. FATHER'S NAME FRAN	k whalen		14. MOTHER'S N		PARKER			
15 WAS DECEASED EN		SOCIAL SECURITY NO 17 11 90-18-07728 P	ring-fiel	D STATE	HOSPITAL		YLAND	
1 1	EATH (Enter only one couse per lin	ne far (a), (b), and (c).]					RVAL BETWEEN	
Conditions, IT gove rise to couse (o), stotin lying couse lost	DUE TO  any, which immediate g the under.	3 ronchop 10 ute heart		611		V	vecks	
PART II O  CHECANC BAN  CHECANC BAN  OR CONTRIBUTION  (IF EITHER, NOTIF	PART II OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOF PERFORMED CHICAGO BRAIN SYNDROME ASSOCIATED WITH DISEASE F UNKNOWN OF UNCESTAIN CAUSE, Chronic VES NO							
20x TIME OF INJE	While	Not while fo	ACE OF INJURY (He ectory, street, office I	ome, form, 20f. (Coldg , etc.)	ity ar tawn)	(County)	(State	
	nat (I) (this haspital) attendased arive an	led the deceased fram. 71960 and that						
220 5 GNATURE	Jewilm de	(Chrispo	M D. ATTENDING	MED.  DIRECTOR [			226 DATE SIGNED	
22 PHYSICIAN'S NAME (Type)	Agent		22d. ADDRES	·				
23g. BURIAL, CREMAT	on, 236, DATE THEREOF May 9, 1960	23c. NAME OF CEMETERY C	OR CREMATORY		Baltimore,		(State)	
24, FUNERAL DIRECTO		ADDRESS		250 REC'D BY REG		RAR'S SIGNATU	RE	
Wan. Cook,	Inc. 1217 St.	Lait or.		DAMAY 1 0 '6	C. C.	2 20.		



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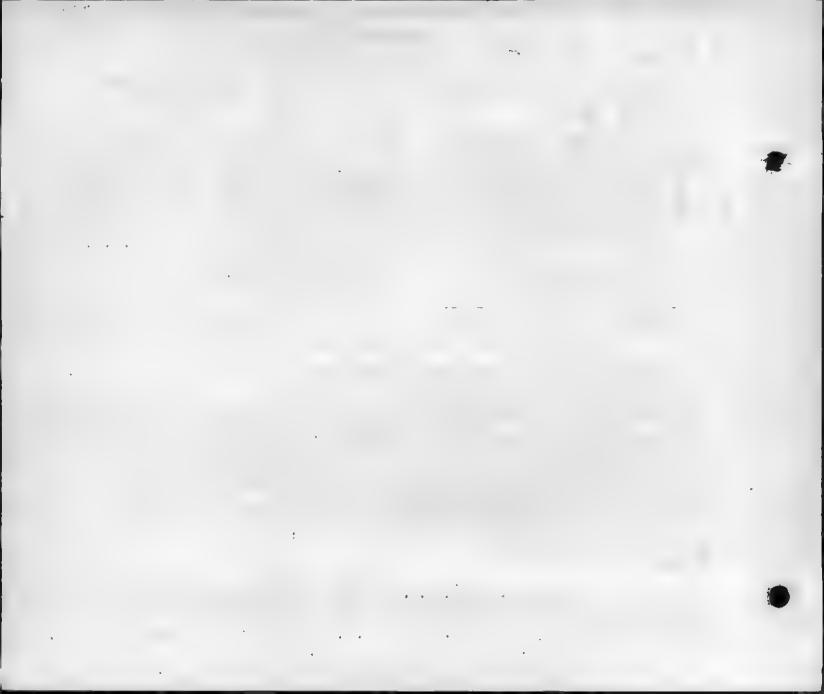
VR A15 (4) ISM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 1					(.00	~			
	1. PLACE OF DEATH O. COUNTY CARROLL	MARYLAND	SAL THURE						
	DEID 61 and also managed decimals	RURAL and give nearest town)				arest town)			
-	d NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION SPRINGFIELD STATE HOSPITAL		d. STREET ADDRESS 516 SUSSE	x Rd. 1		IS RESIDENCE ON A FARM? YES NO			
	(Type or print) EMMA MOR(		PRINCE	4. DATE OF DEATH	Month Do	y Year 196°C			
	Femal COLOR OR RACE / MARRIET NEVER A	ARRIED   8	10 - 20 - 80	9 AGE (In ye lost birthdo	ors IF UNDER 1 YEAR (Y) Months Days	Hours Min			
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ESS OR INDUST	TRY 11 BIRTHPLACE (Slote of			S.A.			
	13. FATHER'S NAME EDWARD TRIPPETT MORGA	V	14. MOTHER'S MAIDEN N ELIZAB	ETH ANN	FRENCH				
	15 WAS DECEASED EVER IN C S ARMED FORCES? 16. SOCIAL SECURIT		FORMANT PAINGFIELD STA	ATE HOSPIT	AL, MA	RYLAND.			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	O DEATH BUT N	O PRINTED TO THE TERMIN	val D SEASE CONDITION	GIVEN IN PART I(o) I	PERFORMED?			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE   Hour o. m.   While   Not while   of work   of work	20e. PLA foct	CE OF INJURY (Home, form, orry, street, office bldg., etc.	20f (City or town)	(County)	(State)			
	21 I certify that (I) (this haspital) attended the deceded saw the deceased alive an MAY 6, 1960.  220 SIGNATURE  Clarely  (22c. PHYSIGIAN'S NAME (Type)  Agustin del Campo	and that de	eath accurred at 6,30	M, from the causes	-				
	230 BURIAL CREMATION 236 DATE THEREOF 230 NAME OF BURIAL Specify 5-12-60 5T.	JOHN 3 -	HUNTINGDON	BALTO	wn, or county)	(Stote) MD.			
	Henry W. Jewlains Some 490	5 York	Rel DATE MA		Cultur S, Kin				
	/ /	www.							



haurs after death. Page

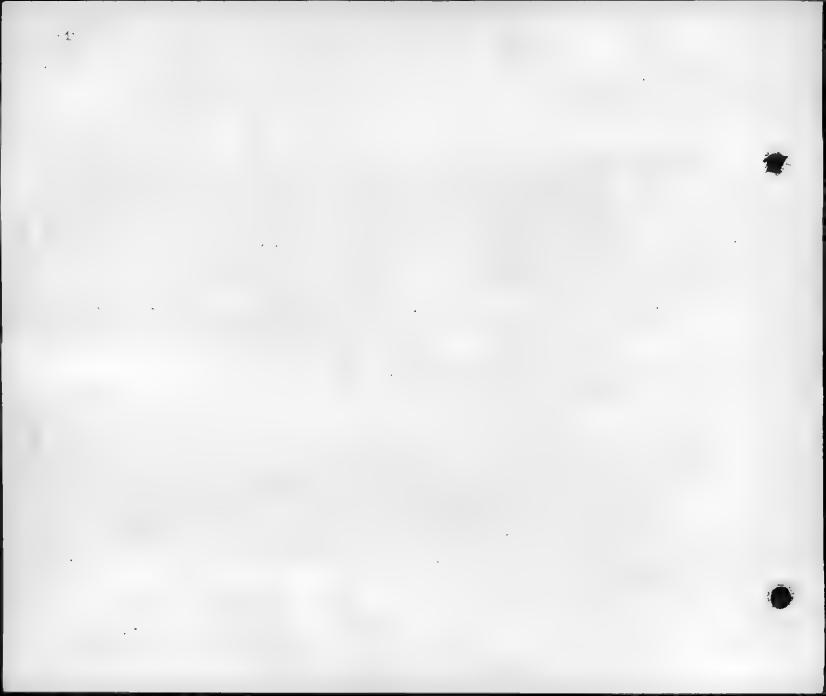


1.	PLACE OF DEATH  COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b COUNTY
-	<u> </u>	hardland Califold
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	Sympolic Legs	d. IS RESIDENCE
	MAME OF HOSPITAL (If not in hosp tol, give street address) OR INSTITUTION	ON A FARM?
_		10 Whider Live YES NO.
3.	NAME OF First Middle	1. Last 4. DATE Month Day Year
-	Type or print) Jamuel Bascon	R DATE OF BIRTH 19 AGE III VEORS IF UNDER 1 YEAR IF UNDER 24 HRS
5.	6. COLOR OR RACE THARRIED NEVER MARRIED	last birthday) Months Doys Hours Min.
10	USUAL OCCUPATION (Give kind of work dane) 106 KIND OF RUSINESS OR IND	USTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?
10	during most of working life, even if retired)	1) La Se (1) 11 La Control of the co
7	FATHER'S NAME	14. MOTHER'S MA DEN NAME
	Laure At Reducina	Links Duckers.
75	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Address
ĺΥ	no, or unknown)    If yes, give war or dotes of service)   // \( \alpha \)	Mar all of little and
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o) CULTURA	weren, Country
	DUE TO SOL	/ // //
	Conditions, if any, which gove rise to immediate	
	couse (o), stoting the under-	11 Kery 1900
20	, ()	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
N.		PERFORMED?
1517	206 ACCIDENT WAS UNDERLYING [] 206, DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Port II of item 18.)
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S S		PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
MEDICAL	Haur o.m. While Not while of wark at work	actary, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from	1959, 19 to 11 May 1960, that (1) (we) last
		deoth occurred of 6.6.M, from the couses and on the date stated above
	220. SIGNATURE	22b DATE
	Howard To- Hall	MD PHYS DIRECTOR PHYS D
	22c PHYSICIAN'S NAME (Type)	22d ADDRESS / 2 / 2 /
	HEWARD E. HALL	Africally Mas
23	BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, tawn por county) (State)
	REMOVAL (Specify) Mall 14, 19to Cak GA	greenwood, money. d
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
K.	attle A Hurghy Carpenau, Pr	J. DATEMAY 18'60 Crimy S. Kings

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, and 2 should be filed with sined by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely fails the described for use as the hardelstransis permit. Then places remove cathon pages. moy E

VR A15 (4) 15M 9/59



05631 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 15 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY CARROLL b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? shauld MINC d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION MILTUN ON A FARM? YES NO 013 794 IDEN NAME OF First DATE Year Month Day DECEASED ROSENSTOC OF DEATH ENA G ALLANI (Type or print) 1960 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH last birthday) Months Days Hours Min DIVORCED T WIDOWED 23 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSE WIFE STATES ofter 13. FATHER'S NAME mave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. Address offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0). E Then **DUE TO** TERIOSCLEROTIC CARDIO-CEREBRAL þ permit. guy Conditions, if ony, which been signed gove rise to immediate VASCULAR **DUE TO** catse (o), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal. PERFORMED? YES NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Doy. 20d. INJURY OCCURRED Year (Stote) (County) factory, street, office bldg., etc.) O. m. While Not while of work of work 21. I certify that I attended the deceased from 1950 that I last saw the deceased and that death occurred at 2 M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Drior pino PHYSICIAN'S registror TMINSTER I, G Y I NWEJ MARYLAMD ്ന FUNE 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Baltimore Hebrew Baltimore. Marvland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) LEVINSON & BROS INC 6010 Reisterstown Rd Baltoare 15M 9/SS Curitary E. Tilam

24

within ?

certificate

HOMITAL

2

MOY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5658 Reg. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) O COUNTY b. COUNTY MARYLAND 6 b CITY OR TOWN (If outside corporate l'mits, write C. LENGTH OF STAY IN 16 CITY OR TOWN IIF outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🔲 NO 🧲 4 NAME OF Middle Last DATE Month Day Year DECEASED OF DEATH (Type or print) 1966 = S SEX 7 MARRIED THEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE last birthday) Months WIDOWED [ DIVORCED [ USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and carban 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate physicio remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address altending deoth 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ם PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO that Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underlying cause lost. burial-transit been PART H. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(G) 19 WAS ALTOPSY PERFORMED? YES NO Z 20b. DESCRIBE HOW INJURY OCCURRED, (Elect nature of in ury in Port t or Port tt of item 18.) ending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) 0. m. While Not while at work at work 21. I certify that I attended the deceased from L at I last saw the deceased and that death accurred the causes and an the date stated above. fran DIRECTOR: ADDRESS pino NAME (Type) FUNE 22b. DATE THEREOF BUR AL, CREMATION. 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) \* (Stote) page REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 9/S8



		565	9	CERTIF	ICAT	E OF DEATH					
F	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)						
ı	o. COUNTY	Carroll		MAR	/LAND	o. STATE Maryl	and	b. COUNTY	Anne A	runde	1 V
ľ	b. CITY OR TOWN (I	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If o	outside carpo	orate limits, write RI	URAL and give	nearest tow	п}
ı		Henryton 16 days				Annap	olis		The same		
		d. NAME OF HOSPITAL (finat in hospital, give street address)				d STREET ADDRESS				e IS RE	SIDENCE A FARM?
5	OK INSTITUTION	Henryton	Stat	e Hospita	1	1933	West	Street			NO 🗌
1	3. NAME OF DECEASED	. NAME OF First				Lost	4. DATE OF	Моп	th	Day	Үеог
	(Type or print)	Cha	rles	Edwar	đ	Spriggs	DEATH	1.1013		26	1960_
1	S SEX	6. COLOR OR RACE	7 MARE	IED 🔀 NEVER MARRI	ED 🗍 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doy		
	Male	Negro	WIDOWI	DIVORCE	D 🔲	12-8-1896		63 yrs	(MOTITAL DO)	s nours	rytui,
	during most of worl	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY?
V	Labor			Construct:	ion	Parole,	Mary	land	U	SA	
Æ	13 FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
		Samuel Spr	iggs			Frances	Carp	enter			
	IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17 INF	ORMANT		Addr	7855		
	No	. , a		12-12-635	6 G1	adys Simms	- 193	3 West S	st., An	napol	is, Mo
		ATH [Enter only one co	suse per li	ne for (a), (b), and (c)	-1				1	NTERVAL 8	ETWEEN DEATH
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	rdiovascu.	lar i	nsufficienc	У				
1	- Apr.	DUE TO									
1	Conditions, if o		Ma	lnutritio	n due	to extensi	ve py	orrhea			
1	gove rise to i										
	lying cause lost		Pu	lmonary t	bc. a	nd Spondylo	parthr	osis of	spine		
	PART II. OTI	HER SIGNIFICANT CON	ID TIONS	CONTRIBUTING TO DE	ATH 8UT N	OT RELATED TO THE TERM	INALD SEAS	SE CONDITION GIV	EN N PART 1(	) 19 WAS	ALTOPSY ORMED?
										YES [	NO [
	20a ACCIDENT WAR	AS UNDERLYING TO CAUSE OF DEATH	20b. DES	CRISE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Po	rt II of item 18)			
		MEDICAL EXAMINER)									
	Y 20c TIME OF INJUI	RY Month, Day, Ye	ar 20d. II While	Nury Occurred  Not while		E OF INJURY (Home, form sty, street, affice bldg., etc		y or town)	(Caur	ty}	(State)
	∑ p m.	19	al war								
,	21. I certify the	at (1) (this haspita	l) attend	led the deceased	fram	May 16 19	60 ta	May 26	19 60	that (I)	(we) last
		sed alive an Ms				ath accurred all	50 frail	The causes an	d an the de	ate state	d abave
1	22- CICNIATURE	dgars m				ATTENDING M		674FF		27	26 DATE SIGNED
		ugas in	1112	en lary	М	D PHYS D	RECTOR TO	STAFF PHYS	May	26,	1960
	22c PHYSICIAN'S NAME (Type)					22d. ADDRESS					
		Edgars M.	Mac	ulans		Henryton	1 Stat	e Hospit	tal, He	nryto	on, Mo
	23a BURIAL, CREMAT C	N. 236 DATE THERE	OF .	23c NAME OF CEN	ETERY OR	CREMATORY	23d LOCA	TION (City, lawn,	or county)	(Sto	ote) /
	BRIVER	5 29-19	160	Breno	t'Lf	tratt	1;+	NNAP	011	2 /	V14
	FUNERAL D RECTOR	'S S GNATURE	7	MOORESS	EAVIT.	250. REC	AV 3ELIS	TRAR 256 REGIS	STRAR'S SIGN	TUREA	, ,
Į	Wills	an ()	lea	I H		DATE					

TI HOSPITAL OR SITENBING SEYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 by the funeral director, and 2 should by riled with may be need by the haspital ar attending physician.

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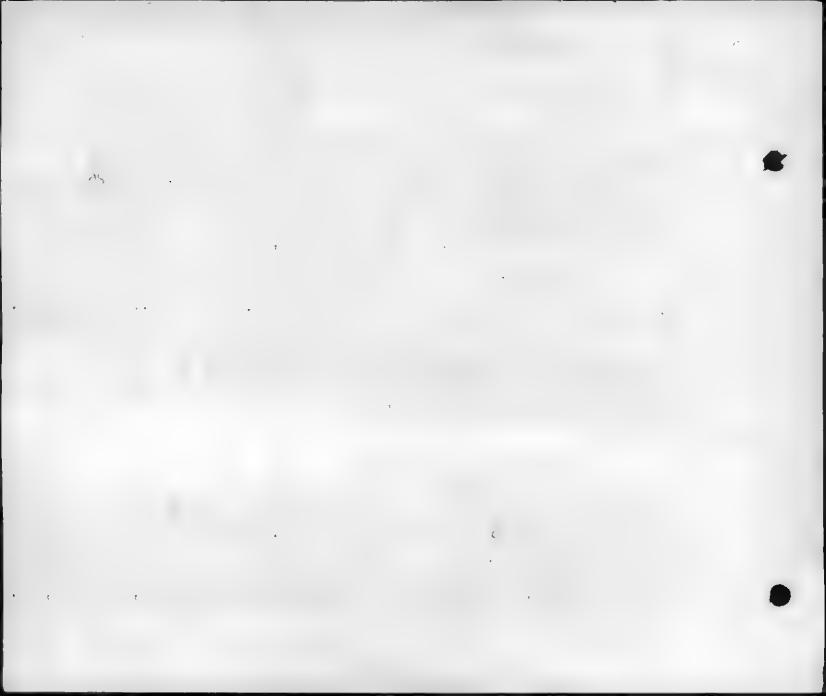
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9 PU TO FUNE VR A1S (4) 1SM 9/59



1 %	1		MARYL	AND ST	ATE DEPAR	TME	NT OF HE	EALTH	H-BAL	IMORE,	18	- 0.	
8 5			588	DICAL	EXAMIN	ER'S	7	ICAT	EOF	DEATH	Reg. Dist.	635 No.	
onlo di mari		PLACE OF DEATH						PENCE (W	here decease	d lived. If Institu		before od	mission)
54. A		Ca	rroll		MARY	LAND	a. STATE	Mary!	Land	b. COUNT	Garı	rett	
age age in ide		ond give nearest sow	If outside corporate limits, write m)	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (IF	autside corpo	rate limits, write	RURAL and gi	ve negrest	lown)
by Personal			kesville		6 days		Oakl						
ctor.	1		TAL OR INSTITUTION (			s)	d. STREET AD					e. IS	RESIDENCE N A FARM?
dire.			ringfield S	tate H	ospital		30 A	lder	Street	,		YES	□ NO 🔣
<b>8 8 8 8</b>	1	NAME OF DECEASED	Fin		Middle		Last		4. DATE OF	Monti		Day	Year
	-	(Type or print)	Clare		Thomas		Stark		DEATH	May	25		1960
= 2 2	5.	Male	6. COLOR OR RACE					36 -		loni bughdoy)	Months Do		Min.
를 후 .를 를	-		White	WIDOWED			ctober		1921	30 yrs.			
2 d d d d d d d d d d d d d d d d d d d	100	luring most of work	ON (Give kind of work on life, even if retired)						ar tareign ço	unity)			T COUNTRY?
one (	-	FATHER'S NAME	-	The	atre Bld	g.	Mary.		A 44P		Ι υ,	S.A.	
E-ESE	13	L. Henry	Stonk				14. MOTHER'S M		ewart				
	15		VER IN U. S. ARMED FOI	CES2 116 SC	OCIAL SECURITY NO.	17 IN	FORMANT	a su	SWELL	Address			
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		No. or unknown)	(If yes, give war or dates of :	ervice)	15-16-4162	1	Springfi	i hfa	inenit.	7.1.4.14.14	do		
를 연합하는 	H		ATH [Enter only one cou			-1	Ar merm	CLU I	108010	17 1.CCOI		INTERVAL BET	WEEN
xecuted with the second of the			TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	_	ding_furt	her_						ONSET AND D	DEATH
duld be e pencil in along with burial-tra		Canditions, if gave rise to imme (a), staling the cause last.	ediate cause	Ba	rbitura	te	Withdre	awal	Syn	drame			
ding in ding sed as a	CATION	PART II. OT	HER SIGNIFICANT CON	TIONS CON	TRIBUTING TO DEAT	H BUT NO	OT RELATED TO TH	HE TERMII	NALD SEASE	CONDIT ON GIV	EN IN PART I		ORMED?
d 'pen ominer' id be u	CERTIF	20a. EXTERNAL CA PRIMARY   ar CC CAUSE OF DEATH	ONTRIBUTING D	b. DESCRIBE I	on shower	roo	m floor,	ny in Parl str	iking	head & l	ack on	show	er.
the world fixed fi	MEDICAL	3:00 Pan	JRY Month, Day, Yea 5/23/ 196	- White	Not while at work	PLAC factor HOS	E OF INJURY (Hory, street, office b	ome, form, oldg., etc.)	20f. (City o	esville	(County Carr		(State) Md.
M do go		21. I certify I	hat I taak charge			abav	e, held an A	Autapsy	/ [ <b>24</b> ], In:	pection X),	Inquiry	DO, and	find that
Q Sief		death resulted	d from: Natural	couses 🔲	, Accident 🔲	Suic	ide 🔲, Ha	micide	, Un	determined o			
Triffcate To the C		ACTUAL SIGNATURE	kuler I.	The	mel		, M.U.		AMINER 🗍	_		DATE	SIGNED
NERAL		EXAMINER'S NAME (Type)	James T. M		•		DEPUTY M		AL EXAMINER	_	!	5/25/6	50
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	220	BURIAL CREMAT	5/28/19		Oakland					and, Mo	1.		ale)
VS. A15ME(5)	23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	2	17.3		BY REGISTR		STRAR'S SIGN		
SM 9/55	1	1. V.	enfliter.	u)	Oaklan	a,	via (	DATE M	AY 27 16	50 C	Mun S.	Kraul	



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5661 **CERTIFICATE OF DEATH**

Reg. Dist. No. 36

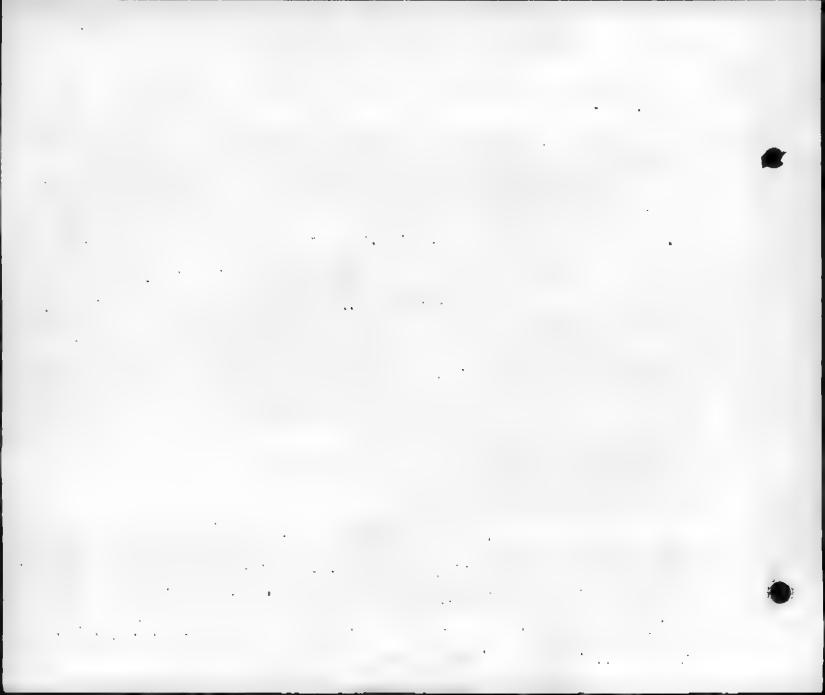
)	PLACE OF DEATH COUNTY CARROLL	MARYLAND	O STATE	b. COUNTY	dence befare admission)
1	b CITY OR TOWN (if autside carporate lim	ils, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF outs	ide corporate limits, write RURAL a	nd give nearest town)
	TANEYTOWN	2 YEARS		10 RC	
,	d NAME OF HOSPITAL (If not in hospital, OR INSTITUT ON 32 FRELERS		d STREET ADDRESS	SCITH CT	e. IS RESIDENCE ON A FARM?
		irst Middle	13440	DATE Month	YES NO
	OFCEASED (Type or print)  GCOF		STRICKER	OF DEATH MANY	27 1960
	5. SEX MALE 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH FEB 4. 18	9. AGE (In years IF UNIT lost birthdoy)  8.42 yrs.	
	10a USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stole or	foreign country) 12 (	CITIZEN OF WHAT COUNTRY?
	TAILOR	CLOTHING MFC		ore Md.	9, S, H.
	13. FATHER'S NAME	- 1/ - 0	14 MOTHER'S MAIDEN NAM	1/	
\	15. WAS DECEASED EVER IN U. S. ARMED FO	C. K. C.K. RCES? 16. SOCIAL SECURITY NO.	INFORMANT	Address	2
,	(Yes, no, or unknown) (If yes, give war or dates of		Mrs. Joseph 1	Wiedeck, 524 +	Academy Rd
	18 CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY	ause per line for (a) (b), and (c)	* 7	* 1.	INTERVAL BETWEEN
	IMMEDIATE CAUSE (		Allight de	illdie	
	Canditions, if any, which )	finter!	la faria		
	gave rise to immediate cause (o), stating the under-	b) / Charles ( A. T. )	· CK - C// N X - 1 -		
	Inter games lank	(c)			
	PART II OTHER SIGNIFICANT CON	NDIT ONS <u>CONTRIBUTING</u> TO DEATH B	IT NOT RELATED TO THE TERMINA	aldisease condition given in 1	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in Par	t   gr Port   of item 18 )	
	20c. TIME OF INJURY Manth, Day, Ye Hour o. m. 19		PLACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f (City ar tawn)	(Caunty) (State)
	21. I certify that   attended the	e deceased from Mia u	4. 6 1960, to the	e-4 Z6 1960, that 1	last saw the deceased
3	alive an_Man 26	, 19 💪 🔾, and that dea		, from the causes and an	
Î	ACTUAL SIGNATURE	11 /2 3/1	M.D Clutte	DRESS'(5) eet, city ar tawn, state)	DATE SIGNED
	PHYSICIAN'S NAME (Type)	LEGE ME	<u> </u>	in BADA	WI ML
	220. 8UR A., CREMATION, 226 DATE THEREG	OF 22c NAME OF CEMETERY	OR CREMATORY 2	2d LOCATION (City, lawn, or count	y) (Stote)
	Burial 5/30/	60 Holy (ro	ss (emetery	Brooklyn A.A.	(o. Md.
0	Leonard 1. Ruck 5	305 Hantond Roo	d #111 DATELLY	3 1 '60 24b. REGISTRAR'S	A. / MANUAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be need by the hosp toll or attending physicion.

O FUNERAZ DIRECTOR. After this certificate has been signed by the ottending physicion and completely file; by the funeral director, page 3 should be detached for use as the burial-transit perm? Then please remove corban papers. Pages I and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours ofter death

TO FUNER VS A15 (4) 15M 9/58



CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND funeral b C TY OR TOWN (If outside carporate limits, write è c LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE 4. DATE 3. NAME OF First Middle Last Month Day Year OF DEATH DECEASED (Type or print) 19/0 5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Days WIDOWED K 10a USUAL OCCUPATION (Give kind of work done 10b during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? puo pan after 13. FATHER'S NAME physicion 8 гетоме 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 22 5 eose ottendi CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' **DUE TO** tions, if ony, which gave rise to immediate per DUE TO 6 cause (a), stating the underang lying couse ast. **buriol-tronsit** VEN IN PART 1(a) 19 PART II OTHER SIGNIFICANT CONDITIONS WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) WEDICAL 20c. TIME OF INJURY Month, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy. (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while at wark at work 21. I certify that I attended the deceased from Way 1900, that I last saw the deceased and the death accurred at 72 45 M, from the causes and an the date stated above. alive an OR: ADDRESS Street, city ar tawp state DIRECT ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) 22ь 22c. NAME OF CEMETERY OR CREMATORY CREWATION. 22d. LOCATION (City, town, or county) (State) 0 DIRECTOR'S SIGNATU **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



(Stole)

CEPTIFICATE OF DEATH

	2002	CERTIFIC	AIL OI DEAI	" 1			
PLACE OF DEATH a. COUNTY	arrell	MARYLAN	o. STATE		If institution Residen	ce before admis	ision)
	outside corporate limits, writ	e c. LENGTH OF STAY IN 1	h c CITY OR TOWN	(if outside corporate (im	its write PLIPAL and	timere-	(n)
RURAL and give nec	prest town)			(ii ooiside corporore (iii	A WING KOKAL UNG	5	•••,
Sykesvil		2 mos. 5 day				I IC DE	SIDENCE
OR INSTITUTION	(L) (If not in haspita, give street)	·	d STREET ADDRESS			ON	A FARM?
Springfie	ld State Heep	<u>ital</u>	632 C	olerado-Ave	Rise	YES L	NO 1
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	Robert	Grinstead	Vanghan	DEATH	5	21	1960_
SEX Melle	6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED [	B. DATE OF B RTH	9 AGI	(In years IF UNDER birthday) Manths	YEAR TE JND	1
	White WIDO	OWED DIVORCED	I2/7/83	76	Acz Woulinz	Days   Hours	Min
a USUAL OCCUPATIO	N (Give kind of work done II	Ob. KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (SI	tote ar foreign country)	12.CIT	ZEN OF WHAT	COUNTRY?
	dministrator		Kentuck	_	77	O A	
3. FATHER'S NAME			14. MOTHER'S MAIDE			P W W W W W W W W W W W W W W W W W W W	
W4774.	m M.Vaughen		Amouto C				
		16. SOCIAL SECURITY NO. 11	7. INFORMANT	ringtead	Address		
Yes. no. or unknown) (1	f yes, give war or dates of service)	213-03-0666					
	BL (c. )		Springfield	Hespitalke	erds S	INTERVAL B	
	TH [Enter only one cause per TH WAS CAUSED BY:					ONSET ANI	
1 1 100	IMMEDIATE CAUSE (a) AC	cute Myocardia	l Infarction			Day	
F+ Y()	DUE TO						
Conditions if on	y, which ) (b) OC	cclusion Left (	Coronary Arter	MA		Day	
gove rise to in couse (a), stating t							
lying couse lost.	) (c)						
PART H OTH	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THETE	RMINALD SEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS	AUTOPSY
GBS assoc.	ith cerebral	arterioscler	osis, with Psy	chotic meso	44.00		ORMED?
20a ACCIDENT WAS	S UNDERLYING   20b C	DESCRIBE HOW INJURY OCCU	RRED (Enter noture of injury	in Part I or Part I) of i	tem 18 )		
OR CONTRIBUTING	CAUSE OF DEATH						
20c. TIME OF INJURY	Month, Doy, Year 20c	d. INJURY OCCURRED 20e	PLACE OF INJURY (Home,	form. 20f. (City or tow	n) [i	County)	(Stote)
Haur a.m.	Wh	ule Not while	factory, street, affice bldg.,		,	//	()
p. m		work at work					
		ended the deceased fra					
saw the deceosi	ed olive on May 2]	19 <b>50</b> , and the	at death accurred at	<b>9A</b> M, from the c	auses and an the	e date state	d abave.
220 SIGNATURE	1-+ 11	0 /				2	2b. DATE SIGNED
Mauri	in del	Missipo	M.D PHYS	MED STA		5/2	T/60
72c PHYSICIAN'S NAME (Type)	-	//	22d. ADDRESS			7/-	-7
	gustin del Ca	mpo. VdD.	Springfie	eld State H	osnital_Sv	keevill?	a_Ma

ALOR ATTENDING PHYSICIM: The low requires that the death certificate be executed within 24 hours after death. Page 4 physici may be used by the hospital or attending physician.

> FUNE. DIRECTOR: After this certificate has been signed by the attending page 3 thould be detached for use as the burial-transit permit. Then please the State Board of Health prior to burial, crematian, ar removal, and in any expense. moy be

the funeral director, should be filed with

carban popers. Prese

72 hours ofter death

O HOSPIT VR A15 (4) 15M 9/59

23a BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Spec fy) Burial

ADDRESS 4905

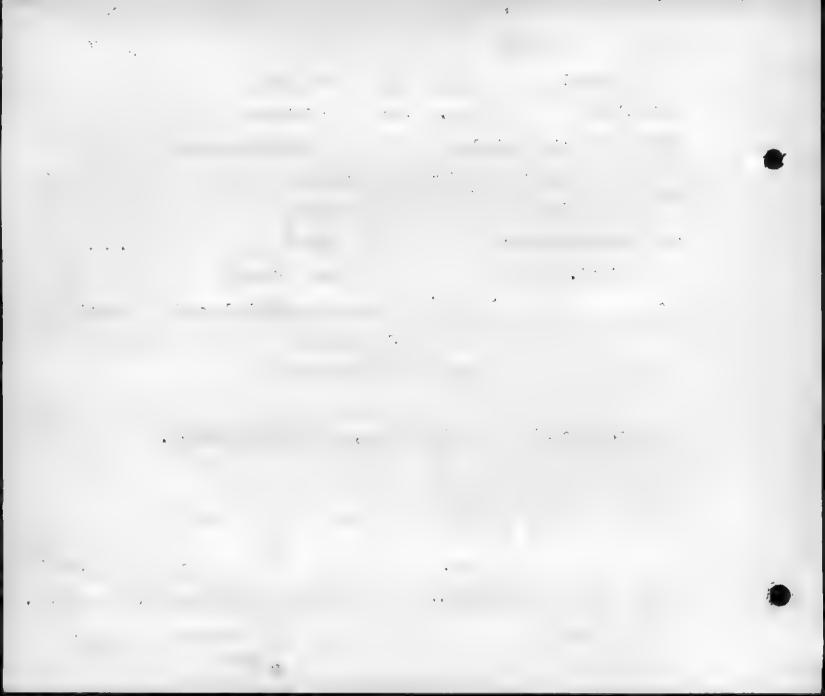
23c NAME OF CEMETERY OR CREMATORY

Pikesvi

Springfield State Hospital Sykesville Md.

23d LOCATION (City, fawn, ar county)

Carling de



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

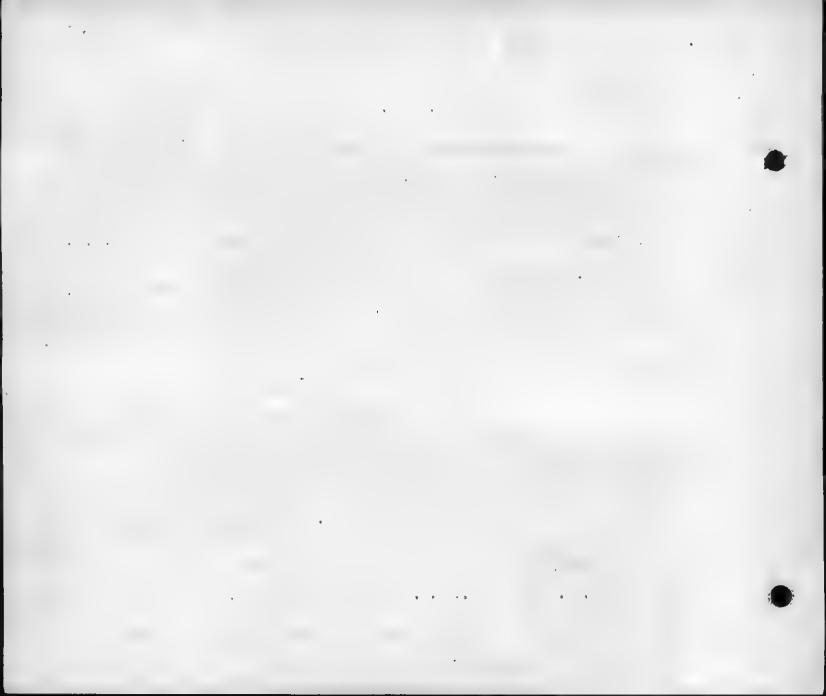
65630

S.

	5663	CERTIFICA	IE OF DEATH		(1000)					
1	PLACE OF DEATH COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (When o. STATE Maryland	re deceased lived If institutions b. COUNTY	Residence before admission)					
	b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)	2 yr.6 mo.		tside corporate limits, write RUR	AL and give nearest town)					
, -	Sykesville d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?					
_	Grand View Convales	ent Home	912 Belev	edere Avenue	YES NO					
3.	NAME OF DECEASED (Type or printaura Prevost Mc	Carty Whitef	ord	4. DATE Manth DEATH May 3, 19	Day Year 19					
	SEX 6 COLOR OR RACE 7. MARK		B. DATE OF BIRTH  November 12		UNDER 1 YEAR IF UNDER 24 HRS Aniths Days Hours Min.					
_	a. USUAL OCCUPATION (Give kind of work done 10b.			7 1 1 2	12. CITIZEN OF WHAT COUNTRY					
L	during most of working life, even if retired) Housewife	t Home	Baltimore	Maryland	U.S.A.					
113	. FATHER'S NAME		14. MOTHER'S MAIDEN NA							
L	Payton L. McCarty			Walker						
	(es, no, or unknown) ((if yes, give wer or dates of service)	SOCIAL SECURITY NO. 17 IN	FORMANT 912 Be	lvedere Aven	ue Balto. 10					
		ONE W.	Hamilton W	hiteford						
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c) ]			INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	MROTA SHE PHEMOR	JARY DUE TO C	TRCITATORY	ONSET AND DEATH					
	DUE TO DISTURBANCE  DISTURBANCE									
	and the second state of th	<u>rteriosclerotic</u>								
	couse (o), stoting the under-	ith hypertension	n; Arterioscl	erotic Heart di	sease 20 plus y					
1.		dvanced Sonile								
CATION	PART IT OTHER SIGNIFICANT CONDITIONS	CONTRIBLING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
CAT					YES NO					
CEST FI	20g ACCIDENT WAS UNDERLYING TO 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Part If of item 18 )						
MEDICAL		Not while for	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(Caunty) (State					
2		k al work								
	21 I certify that (I) (this hospital) attend									
	saw the deceased alive an 3 May	19.60 , and that c	leath accurred at 4:33	OPFram the causes and	an the date stated abave					
	22a SIGNATURE		ATTENDING ME	D STAFF	22b DATE . S.GNEI					
	6xt - Jawow		M D PHYS SE DIR	ECTOR PHYS	5/3/60					
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS							
	Wm. H. Lawson,	Jr., M.D.	Sykesv	ille, laryland	<u> </u>					
2	30 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or a	caunty) (State)					
	Burial May 5,1960	Loudon Park		Baltimore M						
- 24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE					
	Henry Sander & Sons	Inc.	DATE MA	Y 6 '60 C.	ug S. House					
	Baltimore 13, Maryla	मार्थ								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the hasp tall or attending physician or be need by the hasp tall or attending physician ond cample by fille by the funeral director, TO FUNE. may be ned by the hasp tal or attending physician.

DECTOR: After this certificate has been signed by the attending physician and completely fille by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages i and 2 should be filled with the State Board of Health prior to burial, cremation or removal, and in any event, with 772 hours after death. VR A1S (4) 15M 9/59



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

e. IS RESIDENC ON A FARM?

Day

Days

(County)

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE Colling S. Firance

246. REC'D. BY

DATE

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO P

> > (Stote)

DATE/SIGNED

14 (State)

12. CITIZEN OF WHAT COUNTRY?

physician attending DIRECTOR: should TO FUNER C egod

24

certificate

death

The law requires

VS A15 (4) 15M 9/5B

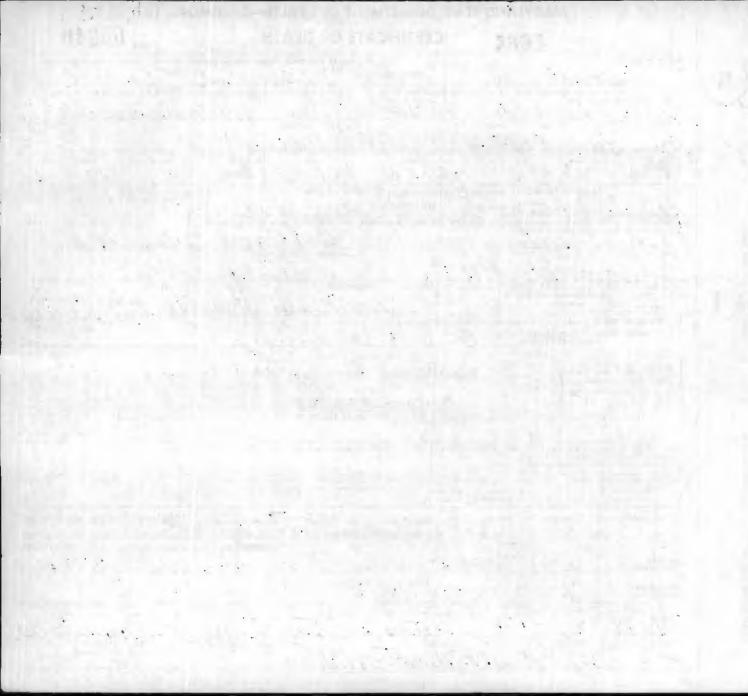
PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



Reg. Dist. No.

RURAL and give negrest town)  AMPSTEAD	7 years	X HAMP.	STEAD	Marylo	Nd
NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	P d	1 d. STREET ADDRESS	4s ville	Rd.	e. IS RESIDENCE ON A FARM? YES NO
ME OF First CEASED De or print)	Middle	Last	4. DATE OF DEATH	Manth	Day Year 7 1960
6. COLOR OR RACE 7. MARRI MALE While WIDOWE	200	DATE OF BIRTH Morch 13,18	9. AGE (In lost birt		EAR IF UNDER 24 HRS.
SUAL OCCUPATION (Give kind of work done 10b.) uring most of working life, even if relired)  Merekany	and of business or indus	Maryla	nd	12.CITIZEN	OF WHAT COUNTRY?
William Nelson W.	sver		Ellen Tag		
t, or unknown)   (If yes, give war or dates of service)	6-38-3091 A	PARY ROWC	Wisner	Idampst	END MD
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	for (a), (b), and (c).]	Myocardit	Ś,		NTERVAL BETWEEN
DUE TO	tio schoolie	Cardio Vas		ine	?
ouse (a), stating the <u>under-</u> ying couse last.					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION	ON GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
OG. ACCIDENT WAS UNDERLYING   20b. DESC R CONTRIBUTING   CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	RIBERIOW INJURY OCCURRED	. (Enter nature of injury in I	Port I or Part II of item	18.)	
Hour o. m. While		CE OF INJURY (Home, form ary, street, affice bldg., etc		(Cau	nty) (Stote)
1. I certify that I attended the decease	, _	19 J 7, to 10 accurred at 8:40 A			saw the deceased
CTUAL Mach E	and that death		ADDRESS (Street, city o		DATE SIGNED
HYSICIAN'S Seph E. T.	Bush MID	HAMPS	FEAD A	15	7 1/ 22
WML CREMATION, 226. DATE THEREOF, EMOVAL (Specify) Muy 9/60	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	sel de	Mil
real director's signature. He	ampitend	Tred 240. REC' DATE	NAY 1 0 60	REGISTRAR'S SIGNAL	

TO FUNER. TO HOSP

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